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ABSTRACT

This manual is designed for use by law enforcement agencies during the conduct of training in connection with the Uniform Alcoholism and Intoxication Treatment Act. The suggested training program comprises six hours of instruction address, in addition to a short introduction to the overall course. The major topical areas are: (1) Course Outline; (2) The Nature of Alcohol and Alcoholism; (3) Decriminalization and the Uniform Act; (4) The Police and the Treatment Program; (5) The Police Role; (6) Implementation Planning and Training Considerations; and (7) Considerations Concerning the Handling of Intoxicated or Incapacitated Persons. Each of these sections consists of three parts--administrative outline, lesson plan, and supporting training aids (transparencies). (Author/JLL)

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THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

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LAW ENFORCEMENT GUIDELINES INSTRUCTOR'S MANUAL

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE, INC.

POLICE MANAGEMENT AND OPERATIONS DIVISIONS

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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National Institute on Alcohol Abuse and Alcoholism

UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES INSTRUCTOR'S MANUAL

by the

Police Management and Operations Divisions
INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
Eleven Firstfield Road, Gaithersburg, Maryland 20760

August 1976

Law Enforcement Code of Ethics

As a Law Enforcement Officer, *my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all men to liberty, equality and justice.*

I will *keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.*

I will *never act officiously or permit personal feelings, prejudices, animosities or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.*

I recognize *the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession . . . law enforcement.*

UNIFORM ALCOHOLISM AND INTOXICATION
TREATMENT ACT

LAW ENFORCEMENT GUIDELINES
INSTRUCTOR'S MANUAL

PREFACE

This manual is designed for use by law enforcement agencies during the conduct of training in connection with the Uniform Alcoholism and Intoxication Treatment Act. Instructional material contained herein is based on information found in Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines.

The suggested training program comprises six hours (300 minutes if 10-minute breaks are allowed each hour). The six hours of instruction address, in addition to a short introduction to the overall course, the six major topical areas covered in Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines.

This manual has seven separate sections or lessons. Each of these sections consists of three parts—administrative outline, lesson plan, and supporting training aids (transparencies).

- Administrative Outline. There are seven administrative outlines, one for each block of instruction in the proposed training program. The outlines serve to provide administrative information to the instructor in matters such as time required, scope of instruction, and types of training aids required or recommended.

- Lesson Plan. There are seven lesson plans, one for each block of instruction in the proposed training program. The lesson plans contain the material to be covered in class. Although the lesson plans are explicit and detailed, they have been designed for maximum flexibility. Should the time consumed by classroom discussion prevent the instructor from covering the material to his satisfaction, succeeding lesson plans can be adapted to accommodate those points requiring amplification.

- Training Aids (Transparencies). Transparency masters for use in preparing transparencies for overhead projectors have been included for each lesson plan. Other locally procured training aids (films, film strips, etc.) appropriate to the subject being addressed may be used at the instructor's option. If aids other than those contained herein are employed, consideration must be given to any adjustments in training time that may be required.

CONTENTS

MAJOR TOPICAL AREAS AND REQUIRED INSTRUCTIONAL TIME

Lesson	Subject	Time Required	Page
I	Course Outline	15 minutes	1
II	The Nature of Alcohol and Alcoholism	35 minutes	11
III	Decriminalization and the Uniform Act	65 minutes	43
IV	The Police and the Treatment Program	25 minutes	93
V	The Police Role	100 minutes	125
VI	Implementation Planning and Training Considerations	35 minutes	197
VII	Considerations Concerning the Handling of Intoxicated or Incapacitated Persons	25 minutes	239
	Total	300 minutes	

ADMINISTRATIVE NOTE

In this text, unless direct reference is made to a particular individual, the use of the masculine gender also includes the feminine gender.

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LESSON
I

UNIFORM ALCOHOLISM AND INTOXICATION
TREATMENT ACT

LAW ENFORCEMENT GUIDELINES
INSTRUCTOR'S MANUAL

ADMINISTRATIVE OUTLINE
(Lesson Plan I)

Lesson Title:	Course Outline
Course:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines
Scope:	To present to the student an outline and brief discussion of the course content
Instructor's References:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines, pp. v-ix, xvii-xx, Appendices B, C
Student's References:	Same as instructor's reference material
Time Required:	15 minutes
Training Aids:	Required: Overhead projector Transparency I-1 Optional: Chalkboard

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES

LESSON PLAN I

COURSE OUTLINE

Body of Instruction	Instructor's Notes
I. Introduction	Display I-1 (shade all but "Course Outline")
II. The Nature of Alcohol and Alcoholism	(Expose 1st item)
1. Overview	
2. Treatment	
3. Acute Detoxification	
4. Relapse	
5. Rehabilitation	
6. Attitudes	
III. Decriminalization and the Uniform Act	(Expose 2nd item)
1. Background	
2. Early References to Alcohol	
3. Drunkenness as a Crime	
4. Civil Process	
5. Attitudes and Practices Impacting on Chronic Alcoholism Prior to 1966	
6. Persuasive Factors Affecting Diversion of Chronic Alcoholics from the Criminal Justice System	

Body of Instruction	Instructor's Notes
IV. The Police and the Treatment Program	(Expose 3rd item)
1. Introduction	
2. Detoxification	
3. Hospitals	
4. Out-patient Care	
5. Halfway House	
6. Quarterway House	
7. Domiciliary Care	
8. Alcoholics Anonymous	
9. Clergy	
10. Private Treatment Facilities	
11. Summary	
V. The Police Role	(Expose 4th item)
1. Implementation Inconsistencies at Various Jurisdictional Levels (State, County, Municipal-Urban)	
2. The Uniform Alcoholism and Intoxication Treatment Act and the Law Enforcement Officer	
3. Provisions of the Uniform Act of Particular Interest to the Law Enforcement Officer	(Emphasize this point)
VI. Implementation Planning and Training Considerations	(Expose 5th item)
1. Plans and Planning	
2. Training	

Body of Instruction	Instructor's Notes
VII. Considerations Concerning the Handling of Intoxicated or Incapacitated Persons	(Expose 6th item)
1. General	
2. Process of Intoxication	
3. Alcohol and the Brain	
4. Elimination of Alcohol	
5. Symptoms Often Mistaken for Drunkenness	
6. Alcohol and Crime	
	(Reemphasize main points as required)

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

COURSE OUTLINE

- THE NATURE OF ALCOHOL AND ALCOHOLISM
- DECRIMINALIZATION AND THE UNIFORM ACT
- THE POLICE AND THE TREATMENT PROGRAM
- THE POLICE ROLE
- PLANNING AND TRAINING CONSIDERATIONS
- CONSIDERATIONS CONCERNING THE HANDLING OF INTOXICATED OR INCAPACITATED PERSONS

LESSON II

UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES INSTRUCTOR'S MANUAL

ADMINISTRATIVE OUTLINE
(Lesson Plan II)

Lesson Title:	The Nature of Alcohol and Alcoholism
Course:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines
Scope:	To provide the student an insight with regard to the general character of alcoholism to include its causes and effects, both direct and indirect
Instructor's References:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines, pp. 1-12, Appendices A, B
Student's References:	Same as instructor's reference material
Time Required:	35 minutes
Training Aids:	Required: Overhead projector Transparencies II-1 through II-8 Optional: Chalkboard

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES

LESSON PLAN II

THE NATURE OF ALCOHOL AND ALCOHOLISM

Body of Instruction	Instructor's Notes
I. Overview Even the most detailed understanding of the nature of alcohol as a chemical substance cannot possibly resolve the problems associated with its use and abuse. It should be obvious that other more complicated factors are also involved, namely the nature of the person, the drinker; the sum total of his or her experiences from infancy on; and the nature of the society in which the person lives. Nor is drinking alcohol by itself the cause of alcoholism any more than eating carbohydrates is the cause of diabetes. In both conditions, consuming a chemical compound is necessary to give rise to symptoms of an illness, but it is not, alone, sufficient. Simultaneously, other requisites must also be present. Alcohol is imbibed in beverages by well over 90 million Americans. A Gallup Poll of adults in 1974 indicated that close to 70 percent of the population drink. Some drink "lightly," some "moderately," and some more "heavily."	Display II-1

Body of Instruction	Instructor's Notes
Surveys of high school students have shown that 71 percent to 92 percent have at least tried alcoholic beverages. The frequency of drinking and the quantity consumed are seen to increase with age and school grade.	
Within a few minutes of being swallowed, alcohol is absorbed from the stomach and small intestine and circulated in the blood over and over again to every cell in the body until it is oxidized, mainly by the liver, and ultimately removed. Alcohol quickly reaches the brain where it essentially depresses or "anesthetizes" the activity of nerve cells in the manner of other and more sedative drugs.	Display II-2
With the repeated use of even a small amount, tissues become more "tolerant" to alcohol so that the effect, whatever it may be, of that small amount is no longer attained. To achieve the same effect, the individual may find himself gradually consuming larger and larger amounts of alcohol. The individual may then ultimately be regarded as a "heavy" drinker, able to "hold" liquor far better than less experienced drinkers.	
Such drinking may well be considered to be within the normal range regardless of the quantity consumed—if the individual's life or functioning is not disturbed because of it. In such cases, at any sign of difficulty, the drinking is usually controlled or limited. If it isn't, however, the	

Body of Instruction	Instructor's Notes
individual progresses through what might be called the "problem drinking" stage to a loss of control or obvious dependence on the drug, alcohol. This condition is defined as alcoholism.	
Dependent on or addiction to alcohol usually comes about gradually over a period of many years, but in some people it may be experienced almost immediately—sometimes with the first drinking experiences. The individual whether man, woman, or child is typically unaware of any pathological change and, in fact, may resent having his or her attention called to these changes by family members, friends, colleagues, or even a physician.	Display II-3
Early in the progression of symptoms, the alcoholic person may experience "blackouts" or amnesia for hours or days of his drinking life. He skips meals when drinking and may even show signs of severe malnutrition. Periodically, he may make an effort to reduce his intake or even abstain completely, but usually he will resume drinking unless he gets help. He may find himself with symptoms of withdrawal due to a now physiological dependence on alcohol—without which he cannot function as he did formerly. He may awaken with an overwhelming sense of anxiety, with the "shakes," sweating, and frightening hallucinations. He may even suffer delirium	

Body of Instruction	Instructor's Notes
tremens, with convulsions, a sometimes fatal condition when left untreated. The alcoholic person soon learns that self-medication with alcohol can relieve the symptoms, but he is now caught in this addictive cycle.	
Of the almost 100 million Americans who are not abstainers, who do drink, approximately 10 million succumb to this illness of alcoholism: one out of ten! They are found at all social and economic levels, in all racial and religious groups, and in all occupations and professions. The number who progress to the extreme form of the illness, such as is often found in the skid-row population, represent less than 5 percent of the total. It is this group which most often comes in contact with the police through the so-called "crime" of public intoxication.	Display II-4
Whereas the homeless, public drunk represents only the "tip of the iceberg" and is readily identifiable as being alcoholic, the great bulk of the alcoholic population is superficially indistinguishable from the rest of the "normal," nonalcoholic population. However, the members of this alcoholic majority are in varying stages of the illness and may still be employed, with their families intact, but considerably scarred. As with other serious, progressive diseases, the earlier an alcoholic person can be identified and treated, the higher will be the rate of recovery from the illness.	

Body of Instruction	Instructor's Notes
Alcoholism is defined as an illness or disease because it is characterized by a recognizable set of symptoms, has a generally predictable course of development, and clearly affects the individual's physical and mental health. In making a diagnosis, neither the quantity alone, the type of alcoholic drink consumed, nor the pattern of drinking is a determining factor. One may drink less than others, in fact, only beer rather than distilled spirits and only on weekends and never in the morning, and still show signs of succumbing to the illness. The evidence for the diagnosis will be seen in the signs of persistent loss of control over drinking and the individual's life being adversely affected.	Display II-5
II. Treatment Since the condition of alcoholism is apparently irreversible, there is no known cure. Alcoholism can, however, be treated successfully and arrested at any stage so that literally everyone can be imbued with the hope of stopping the progression of the disease. The single requirement which lies at the basis of recovery is to stop drinking alcohol in any form. The disease process is then arrested and health generally can be restored in a relatively short space of time. In some alcoholic persons, however, other diseases may also be present independently or be associated with	Display II-6 (shade "Acute Detoxification" portion of II-6)

Body of Instruction	Instructor's Notes
alcoholism. These illnesses may result directly from the repeated assault of alcohol toxicity on the various organ-systems or indirectly through nutritional deficiencies and lowered resistance. If found early, however, and treatment is instituted, no lasting damage due to alcohol is usually seen if abstinence is maintained.	
III. Acute Detoxification Many nonalcoholic individuals who become acutely intoxicated on occasion have "slept it off" without any apparent bodily damage. The pain of their "hangover" passes relatively quickly. In some alcoholic persons, however, for reasons unknown, sudden abstinence or even "tapering off" can produce dramatically different results. Here, withdrawal may involve the "shakes" or tremors, sweating, nausea, intense anxiety, and proceed even to delirium tremens. This latter condition may be characterized further by extreme agitation, hallucinations, confusion and disorientation, convulsions, and, in a significant number of individuals, death. Medical attention can be lifesaving and may require the administration of anti-convulsant and sedative drugs in addition to supportive nursing care.	(Expose lower portion of II-6)

Body of Instruction	Instructor's Notes
IV. Relapse Once the acute condition is alleviated through detoxification, the alcoholic individual must be confronted with the reality of his or her chronic disease and with the need to remain abstinent. In most cases, the individual will need help to maintain sobriety, but relapse may be part of the nature and history of this illness. This is true in the case of many chronic diseases where "attacks" or "flare-ups" recur, such as in arthritis, diabetes, coronary disease, and others. A "slip" by an alcoholic individual must not be regarded as a "failure," but as a renewed challenge for that individual to discover more constructive substitutes for alcohol and a more effective way of life. However, a slip or relapse can be a meaningful learning experience.	Display II-7 (shade "Rehabilitation" portion of II-7)
V. Rehabilitation Fortunately, treatment methods are almost universally available now and show a high rate of effectiveness particularly when combined and coordinated into a comprehensive system. Here, mention must be made of Alcoholics Anonymous which is perhaps the most effective single agency in the constellation. When the professional health care provider can evaluate the nature of the alcoholic patient's needs and expose him to Alcoholics Anonymous as a new way of life without alcohol, and confront him at the same time with his own responsibility	(Expose "Rehabilitation" portion of II-7)

Body of Instruction	Instructor's Notes

for utilizing any or all of the treatment methods available—medical, psychological, nutritional, recreational, spiritual, social, and many others—an astonishingly high percentage of alcoholic persons is seen to recover. In the process of change, almost every category of professional "helper" may be able to play a significant role—the physician and nurse, the psychotherapist and clergyman, the social worker and counselor, the police, the judge and correctional officer, the teacher and friend, and the employer and labor union official.

Alcoholism is also a truly "family disease" in the sense that the alcoholic member always has a destructive effect on the spouse, the children, the parents, and other relatives. In turn, he is deeply influenced by the attitudes and behavior of those close family members who are not affected by alcoholism. The Al-Anon program, an offshoot of Alcoholics Anonymous, plays a useful role in treatment by focusing on helping—often with a positive side-effect on the alcoholic family member—the nonalcoholic member(s).

Another approach with respect to treatment for alcoholism has been taken by the federal government in the Alcohol Safety Action Program (ASAP) of the Department of Transportation. Alcohol consumption plays a role in

Body of Instruction	Instructor's Notes
50 percent of the estimated 60,000 highway deaths each year. Of these 30,000 driver and pedestrian fatalities, probably 20,000 are "problem drinkers" who not only consume too much alcohol, but have had previous problems because of their use of alcohol. These problems take the form of other arrests or contact with a social agency or medical care such as hospitalization involving alcohol abuse. The DOT program attempts to single out these drivers from the great mass of social drinkers who drive. The ASAP approach is designed to insure that this category of drivers does not get back on the highway without undergoing treatment for alcoholism. Through ASAP, cooperation of the driver may be secured by offering him the opportunity to regain a revoked driver's license or by limiting, but not revoking, driving privileges when he accepts responsibility to abstain from alcohol.	
VI. Attitudes Unfortunately, the clear potential for success in the overall treatment, control, and prevention of alcoholism has not yet been realized and one may well ask, "Why?" The resistance of individuals afflicted with alcoholism to enter treatment, even while denying the reality of their illness in spite of intense pain, stems not from any lack ot desire to get well. Mostly, their opposition is a reflection of the attitudes and behavior of the society surrounding them.	Display II-8 (shade portion of II-8 below line)

Body of Instruction	Instructor's Notes

Physicians, nurses, social workers, clergymen, as well as professionals in other disciplines who treat every other kind of illness in our health care and social service system may nevertheless reject the individual suffering from alcoholism. Even where public drunkenness is no longer a crime and the police, recognizing that the individual in the street who is suffering from alcoholism needs help, transport such a person to a hospital, the individual concerned may yet experience discrimination at the medical facility or be denied admission and treatment. Small wonder, then, that some people conclude erroneously that the alcoholic person who has committed no crime might be better off in jail!

A number of attitudes must become deeply rooted to insure appropriate handling of the problems associated with alcohol use. First, and perhaps foremost, must be the conviction that, in the broadest sense, alcoholism is an illness, in which every health and social agency can and must play a role. Intoxication is a symptom of that illness and must not be encouraged or condoned as an object of ridicule or amusement.

Second, alcoholism cannot and must not be regarded as a self-inflicted illness. The person who succumbs to this sickness is no more responsible for this diagnosis than is

Body of Instruction	Instructor's Notes

the diabetic for diabetes. In both cases, the illness was not deliberately or willfully acquired. Responsibility for the illness must clearly be separated from the responsibility for treating it. Again, in both instances, the individual must be confronted with his or her personal responsibility for maintaining the prescribed "diet" and participating in whatever treatment is necessary to prevent the signs and symptoms from recurring. For someone to encourage a sense of guilt in the alcoholic about <u>being</u> an alcoholic person or even to overlook the existence of such guilt, which almost all alcoholic persons experience, will often cause a relapse.

Third, there is a deeply ingrained attitude that <u>alcoholism is a hopeless illness</u>. <u>Nothing could be further from the truth</u>. This feeling stems from our failure to recognize the illness of alcoholism at any other than near the terminal stage, i.e., when we observe the skid-row denizen. There is striking evidence concerning the high rates of recovery when the illness is treated early. There are also those regarded previously as "hopeless" or "brain damaged" who have been able to stop drinking. With appropriate treatment, they have been able to maintain sobriety, return to a healthier living pattern, responsible social functioning, and gainful employment.

Body of Instruction	Instructor's Notes
Finally, the attitude which leads only to treating the casualties of alcoholism, and then only the later-stage victims just discussed, must be vigorously up-rooted.	
**********	
Society must explore the means of encouraging responsible decisions about drinking beverage alcohol; whether or not to do so at all; and if so, why, what, when, where, how, with whom, and how much. Only then will an illness so vast and so devastating in its consequences come under control. Fortunately, the opportunity to do so is now at hand—provided each one of us assumes this responsibility.	(Expose portion of II-8 below line)

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE NATURE OF ALCOHOL AND ALCOHOLISM

- ABOUT 70% OF ADULT AMERICANS DRINK ALCOHOLIC BEVERAGES TO SOME DEGREE.
- ABOUT 71% TO 92% OF HIGH SCHOOL STUDENTS HAVE AT LEAST TRIED ALCOHOLIC BEVERAGES.
- THE FREQUENCY OF DRINKING AND QUANTITY CONSUMED INCREASES WITH AGE AND SCHOOL GRADE.

II-1

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE NATURE OF ALCOHOL AND ALCOHOLISM

- ALCOHOL IS RAPIDLY ABSORBED AND CIRCULATED THROUGHOUT THE BODY.
- ALCOHOL QUICKLY REACHES THE BRAIN WHERE IT DEPRESSES THE BRAIN CELLS.
- BODY TISSUES BECOME "TOLERANT" TO ALCOHOL WITH REPEATED USE—GREATER AMOUNTS OF ALCOHOL ARE NEEDED TO ACHIEVE DESIRED EFFECT ("HIGHS").
- LOSS OF FUNCTIONAL CONTROL OVER DRINKING OR OBVIOUS DEPENDENCE ON ALCOHOL RESULTS IN A CONDITION KNOWN AS ALCOHOLISM.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE NATURE OF ALCOHOL AND ALCOHOLISM

- ADDICTION TO ALCOHOL USUALLY COMES ABOUT GRADUALLY.
- EARLY SYMPTOMS: "BLACKOUTS," SKIPPING MEALS, PERIODIC PERIODS OF ABSTEN.ION.
- LATER SYMPTOMS: ANXIETY, "SHAKES," HALLUCINATIONS, DELIRIUM TREMENS, CONVULSIONS.

II-3

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE NATURE OF ALCOHOL AND ALCOHOLISM

ALCOHOLIC PERSONS ARE FOUND—

- AT ALL SOCIAL AND ECONOMIC LEVELS.
- IN ALL RELIGIOUS AND RACIAL GROUPS.
- IN ALL OCCUPATIONS AND PROFESSIONS.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE NATURE OF ALCOHOL AND ALCOHOLISM

- ALCOHOLISM IS CONSIDERED TO BE AN IRREVERSIBLE PROCESS.
- ALCOHOLISM IS DEFINED AS AN ILLNESS OR DISEASE BECAUSE—
  - -IT HAS A RECOGNIZABLE SET OF SYMPTOMS.
  - -IT HAS A GENERALLY PREDICTABLE COURSE OF DEVELOPMENT.
  - -IT AFFECTS AN INDIVIDUAL'S PHYSICAL AND MENTAL HEALTH.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE NATURE OF ALCOHOL AND ALCOHOLISM

TREATMENT FOR ALCOHOLISM

- NO KNOWN CURE.
- CAN BE ARRESTED AT ANY STAGE TO AVOID PROGRESSION.
- SINGLE REQUIREMENT FOR RECOVERY IS TO CEASE DRINKING ALCOHOL IN ANY FORM.

ACUTE DETOXIFICATION

- SOME CAN "SLEEP OFF" ACUTE INTOXICATION WITH LITTLE PAIN OTHER THAN A "HANGOVER."
- OTHERS ARE UNABLE TO "SLEEP IT OFF" AND REQUIRE MEDICAL ATTENTION TO AVOID CERTAIN OF THE MORE SERIOUS EFFECTS OF ACUTE INTOXICATION, TO INCLUDE DEATH.

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE NATURE OF ALCOHOL AND ALCOHOLISM

RELAPSE

- ALCOHOLIC PERSONS GENERALLY NEED HELP TO REMAIN ABSTINENT. A "SLIP" SHOULD NOT BE CONSIDERED AS A "FAILURE," BUT AS A CHALLENGE.

REHABILITATION

- ALCOHOLICS ANONYMOUS
- AL-ANON
- ALCOHOL SAFETY ACTION PROGRAM (ASAP)

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE NATURE OF ALCOHOL AND ALCOHOLISM

ATTITUDES

- CONVICTION THAT ALCOHOLISM IS AN ILLNESS.
- ALCOHOLISM MUST NOT BE REGARDED AS A SELF-INFLICTED ILLNESS.
- "ALCOHOLISM IS A HOPELESS ILLNESS."
- "ONLY THE LATTER-STAGE VICTIMS OF ALCOHOLISM SHOULD BE TREATED."

SOCIETY MUST EXPLORE THE MEANS OF ENCOURAGING RESPONSIBLE DECISIONS ABOUT DRINKING BEVERAGE ALCOHOL.

LESSON III

UNIFORM ALCOHOLISM AND INTOXICATION
TREATMENT ACT

LAW-ENFORCEMENT GUIDELINES
INSTRUCTOR'S MANUAL

ADMINISTRATIVE OUTLINE
(Lesson Plan III)

Lesson Title:	Decriminalization and the Uniform Act
Course:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines
Scope:	To provide the student with an historical perspective of the criminal and noncriminal aspects of alcoholic intoxication to include a description of the associated legal process, actions, opinions, and results
Instructor's References:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines, pp. 13-33, Appendices A, B, F
Student's References:	Same as instructor's reference material
Time Required:	65 minutes
Training Aids:	Required: Overhead projector Transparencies III-1 through III-13 Optional: Chalkboard

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES

LESSON PLAN III

DECRIMINALIZATION AND THE UNIFORM ACT

Body of Instruction	Instructor's Notes
I. Background As a group, the police may have been the first to take up the massive role of attempting to do something about the ills of society, to keep order, and to help their fellowman. In the broadest sense, this statement rings true, but, when said, it may invoke disagreement even among police officers. However, when the character of their work is carefully analyzed, most police officers will agree that they spend so much time dealing with "nonpolice" matters—acts that are not essentially criminal—that they have little time for anything else. Any discussion about "crime," however, must consider that the designation of an act, its omission or compliance with it, as outlined in law, merely reflects the attitudes, customs, and beliefs of the society. These requirements vary from social group to social group, from culture to culture, and from state to state. Moreover, the passage of time frequently influences how a particular society views or reacts to "crime."	Display III-1

Body of Instruction	Instructor's Notes
History reflects many inconsistencies in what is considered to constitute "crime;" and in other examples, an act or behavior pattern previously identified as "criminal" has been reversed and accepted as normal practice. The repeal of the Volstead Act (Prohibition) in 1933 is a striking example of a practice freely accepted prior to 1919; made a crime, prohibited by law nationwide from 1919 to 1933; and then repealed in 1933. Apart from such dramatic instances, judicial and enforcement practices have also influenced the meaning of "crime." But perhaps these, too, are only reflections of changes in the society.	
II. Early References to Alcohol References to alcohol exist in antiquity. Anthropological studies make reference to the consumption of alcoholic beverages in most of the preliterate cultures. The long history of alcohol and its existence through numerous cultures and societies disclose an almost lengthy parallel in efforts to control its use.	Display III-2
As early as 2000 B.C., a Chinese emperor is said to have banished an individual who discovered a method of making wine...in India (200 B.C. - A.D. 200), the Law of Manu declared that a person drinking "sura" (a spirituous liquor) was to be excluded from all fellowship at meals...and matrimonial allegiances, and religious duties...in the	

Body of Instruction	Instructor's Notes
year 1279, the Mongol emperor, Kublai Khan, issued an edict condemning dealers in alcoholic beverages to banishment and slavery. Although the Pilgrim fathers brought with them on the Mayflower a generous supply of alcoholic beverages, excessive use of alcohol had almost always been defined as criminal. In the Colonies in 1633, one Robert Cole, a citizen of the Massachusetts Colony, having been frequently punished for drunkenness, was ordered to wear a red "D" about his neck for a year.	
III. Drunkenness as a Crime With this heritage in mind, it is easy to see that throughout the existence of this country, at least until the 1960s, a sort of criminal tinge was associated with alcohol abuse. The common offense was generally simply defined as "drunkenness," usually in a public place; but this was interpreted quite literally to mean any place outside of one's home. Other related forms of statutory offenses included: Drunk and disorderly, drinking in public, loitering, vagrancy, panhandling, habitual drunkard, possession of untaxed liquor, and various other measures relating to illegal sale or possession. And, as previously noted, there was a	Display III-3

Body of Instruction	Instructor's Notes
period in our country when the provisions of the 18th Amendment to the Constitution were applied throughout the land in a massive, unsuccessful attempt at prohibition.	
IV. Civil Process In another vein, many states enacted various forms of civil process and authority to handle and treat alcoholic persons. Most of these were similar to those provisions that dealt with mental cases and provided for some type of custody or commitment of individuals in need of treatment for alcoholism.	Display III-4
Under civil authority, voluntary commitment was also possible in some public facilities; however, individuals who availed themselves of such commitment were frequently permitted to "sign themselves out" following detoxification. Private facilities also existed for the exclusive treatment of those afflicted with alcoholism, many under the guise of "rest homes" or other innocuous names. In these instances although legal authority could be and often was employed, sanction was more frequently invoked by the family or close relatives of the patient.	
As it became more evident that alcoholism was an illness, some farsighted officials began to investigate the criminal process for dealing with drunk offenders. Police began to streamline arrest and booking procedures, court officials	

Body of Instruction	Instructor's Notes
commenced to seek alternate sentencing measures, and custodial practices were reexamined to permit a more humane detoxification effort.	
V. Attitudes and Practices Impacting on Chronic Alcoholism Prior to 1966	Display III-5
The sustained efforts of several formal groups and individuals, sufficiently concerned about the problems associated with alcohol abuse and alcoholism, have resulted in significant changes in community responses to these problems.	
Prior to 1966, drunkenness had been made a criminal offense in most police jurisdictions in the Nation and was punishable under a variety of laws. This resulted in the criminal justice system being overloaded with cases involving alcohol abuse. There was a large recidivist rate, and many of the repeat offenders were suffering from chronic alcoholism. Typically, the indigent alcoholic individual and his peers inhabited an area of a city which had become, to a degree, tolerant of their behavior and life style.	
A. Role of the Police. The police arrested drunk individuals when the behavior or appearance of an inebriate exceeded the tolerance usually acceptable in the community and when one or more of the variety of existing laws and/or	

Body of Instruction	Instructor's Notes

ordinances was violated. Police discretion in these cases was usually influenced by the nature of the drunken person's behavior (violent, passive, cooperative); laws, other than drunkenness, that had been violated; whether the person had a home or place to go; the presence of another person capable of assuming responsibility for the drunk; environmental conditions (extreme heat or cold); and geographic location (level of acceptance of this behavior in the neighborhood).

Generally, police officers perceived their role in enforcing alcohol-related laws and the handling of public inebriates as one of their less important functions. There was a predominant feeling among police officers that arresting drunks served no useful purpose.

The overall effect of this system on the participants had a negative impact at every level. The police became apathetic to the social problem and became frustrated at what they perceived to be a futile effort.

B. Role of the Courts. In large jurisdictions, the courts were overloaded with cases involving drunkenness and were forced to adjust procedures to handle the volume. In some courts, persons entering guilty pleas were grouped into one area of the courtroom and adjudged en masse.

Body of Instruction	Instructor's Notes

Those who intended to plead not guilty were likewise assembled, and their cases postponed until time could be allocated for a hearing.

In this system, those who contested their cases were often held in confinement longer than those who entered guilty pleas. Thus, the process encouraged a plea of guilty for those individuals interested in regaining their freedom. The lack of attention to individuals coming before the court, the backlog of cases creating delays in trials, and the "hurried" courtroom procedures served to create a negative attitude toward the courts among the defendants.

C. Role of Corrections. Under the procedures we were just talking about, jails across the Nation were literally filled with indigent alcoholics. Jail supervisors and guards were provided little resources for the treatment of these individuals. In effect, the jails served as places for drunks to sober up and receive temporary housing, meals, and limited medical care. As poor as these jail conditions were, in many cases they represented improved living conditions for the chronic and indigent alcoholic person.

D. The Medical Services. Medical services under this system were usually limited to emergency treatment of conspicuous injuries, unconsciousness, or persistent

Body of Instruction	Instructor's Notes

symptoms of serious illness. Physicians in some jurisdictions made periodic visits to the jails to attend to medical problems. These physicians were usually paid by the local government with limited budget allocations for medication and supplies. The treatment of patients under these circumstances was temporary and oriented more toward relieving symptoms than curing the illness. As limited as this medical treatment was, it is interesting to note that many impoverished inebriates used a jail sentence as a means of obtaining even this small amount of medical attention.

The recognition of alcoholism as a disease made significant inroads into the legislatures and the criminal justice system in the 1960s. Progress in this regard was very limited until 1966 when certain landmark judicial decisions relating to alcoholic intoxication were announced and, in turn, forced numerous changes in our legal and social systems. Certain of these decisions will be discussed later.

VI. Factors Affecting Diversion of Chronic Alcoholic Persons from the Criminal Justice System — Display III-6

A. Alcoholism as a Disease. For many years, alcohol abuse has been appraised as deviant behavior in violation of criminal laws and ordinances. In the early

Body of Instruction	Instructor's Notes

1950s, there was an attempt to reevaluate this appraisal from the perspective of alcoholism as a disease. A pioneer in this effort was the late Dr. E. M. Jellinek who devoted many years of his life to writing about, researching, and teaching the theory of alcoholism as a disease.

Dr. Jellinek recognized and distinguished specific phases of alcohol addiction. These phases of addiction and symptoms characteristic of each phase are described as follows:

Purely Symptomatic Phases — Display III-7

Prealcoholic Phase

- Occasional relief drinking
- Constant relief drinking

Prodromal ("Forerunner") Phase

- Alcohol palimpsests ("blackouts," amnesia)
- Surreptitious drinking
- Preoccupation with alcohol
- Avid drinking
- Guilt feelings about drinking behavior
- Avoidance of reference to alcohol
- Increasing frequency of alcoholic palimpsests

Body of Instruction	Instructor's Notes
Addictive Phases Superimposed over Symptomatic Drinking	Display III-8
The Crucial Phase	
• Loss of control	
• Rationalization of drinking behavior	
• Drinking to counter social pressures	
• Grandiose behavior	
• Marked aggressive behavior	
• Persistent remorse	
• Periods of total abstinence	
• Changing patterns of drinking	
• Dropping friends	
• Quitting job	
• Entire behavior becomes alcohol-centered	
• Loss of outside interests	
• Reinterpretation of interpersonal relations	Display III-9
• Marked self-pity	
• Geographic escape	
• Change in family habits	
• Unreasonable resentments	
• Protection of alcohol supply	
• Neglect or proper nutrition	
• Hospitalization	
• Decrease of sexual drive	
• Alcoholic jealousy	
• Regular matutinal (morning) drinking	

Body of Instruction	Instructor's Notes

The Chronic Phase

Display III-10

- Prolonged intoxications
- Marked ethical deterioration
- Impairment of thinking
- Alcoholic psychosis
- Drinks with persons far below social level
- Recourse to "technical products"
- Loss of alcohol tolerance
- Indefinable fears
- Tremors
- Psychomotor inhibition
- Drinking takes on an obsessive character
- Vague religious desires develop
- Rationalization system fails

The most cursory review of the phases and characteristic symptoms identified by Dr. Jellinek reflects physiological, psychological, sociological, and spiritual ramifications of the disease of alcoholism. This early effort of symptomatic identification has stimulated interest into the recognition of alcoholism as a disease, and its subsequent treatment.

B. Appellate Court Decisions. The acceptance of alcoholism as a disease progressed rapidly from the mid-1950s through the mid-1960s. The promotion of this

Body of Instruction	Instructor's Notes
concept by several special interest groups was developed during a period of exceptional public awareness of sociological problems, particularly those associated with the criminal justice system. During this period, probation and parole programs experienced rapid growth, release of persons arrested on personal recognizance was emphasized, and the U.S. Supreme Court made several landmark decisions having dramatic impact on the criminal justice system.	
Among the major decisions emerging from appelate courts during the 1960s, two (the Easter and Driver cases) addressed the diversion of persons suffering from chronic alcoholism from criminal proceedings.	
1. Easter and Driver Decisions. In March 1966, the United States Court of Appeals for the District of Columbia Circuit, sitting in the DeWitt Easter case, unanimously held that a chronic alcoholic cannot be convicted for his public intoxication. That decision, together with the Fourth Circuit's similar decision in the Driver case, represents an urgent mandate to take the problem of the chronic inebriate out of the criminal law, and to handle it from now on under public health, welfare, and rehabilitation programs.	Display III-11

Body of Instruction	Instructor's Notes

In the case of Easter, the court expressed the opinion that, in its jurisdiction, it could not attach criminality to an act of public intoxication by a chronic alcoholic. The court further expressed the view that an essential element of criminal responsibility is the ability to avoid the conduct specified in the definition of the crime. Action within the definition is not enough. To be guilty of the crime a person must engage responsibility in the action. Thus, an insane person who does the act is not guilty of the crime. The law, in such a case is based on morals, and absolves the individual of criminal responsibility. As such, the chronic alcoholic person does not have the mens rea (criminal intent) necessary to be held responsible criminally for being drunk in public.

The court made a similar ruling in the case of Driver. In addition to the absence of mens rea, the court said in part:

> This addition—chronic alcoholism—is now almost universally accepted medically as a disease. The symptoms, as already noted, may appear as "disorder of behavior." Obviously, this included appearances in public, as here, unwilled and ungovernable by the victim. When that is the conduct for which he is criminally accused, (t)here can

Body of Instruction	Instructor's Notes

be no judgment of criminal conviction passed upon him. To do so would affront the Eighth Amendment, as cruel and unusual punishment in branding him a criminal, irrespective of consequent detention or fine.

In both the Easter and Driver cases, it is important to recognize the defendants did not initiate the appeals themselves. DeWitt Easter had been arrested more than 70 times since 1937, and was an indigent, homeless, chronic alcoholic. The Easter case represents the fifth attempt in the Washington, D.C. courts to initiate appeal procedures to obtain an appellate court ruling on these cases for the purpose of establishing the principle that alcoholism is a disease, and that public intoxication is properly handled as a public health, welfare, and rehabilitation problem. The four previous attempts failed due to the prosecution dropping charges against the defendants. The court intervened and forced a discontinuation of this practice.

Likewise, Joe Driver's record of arrests for public intoxication contains over 200 entries, and Driver had spent more than two-thirds of his adult life in jail. Driver was also a homeless, indigent, chronic alcoholic who

Body of Instruction	Instructor's Notes

happened to be chosen for an appeals case impacting on the treatment of alcoholics.

These two cases were appealed to initiate reform in the treatment of alcoholic persons. Total reform, however, cannot be left entirely to the courts. The courts' decisions dealt with the punishment of the offenders, but did not change existing legislation or establish an alternative system for handling these persons.

2. Powell Decision. In view of the Easter and Driver cases, and the public sentiment and awareness of alcoholism as a disease, it was anticipated that when the appropriate case arose, the U.S. Supreme Court would rule similar to the lower appelate courts. However, in June 1968, in Powell v. Texas the U.S. Supreme Court upheld a lower court's conviction for public intoxication.

Leroy Powell was also an indigent alcoholic with a long record of convictions for public intoxication. In interpreting the Court's decision it is important to study the several opinions of the Court. In brief, the case was decided by a 5 to 4 decision. Eight of the justices were split on the issue; Justices Marshall, Warren, Black, and Harlan expressed the opinion that the "revolving door" system was aimless, but the application of new medical knowledge should not be hardened into rigid constitutional

Body of Instruction	Instructor's Notes

principles, but left to the states. Justices Fortas, Brennan, Douglas, and Stewart concurred that imposing criminal penalties for public intoxication would violate the Eighth Amendment; consistent with the Driver decision. The deciding vote was cast by Justice White. In a separate opinion, Justice White recognized the reasoning of the other views, but perceived the controlling issue in the Powell case to center on the issue of being intoxicated in public. There was no evidence that Powell could not avoid being in public on the occasion on which he was arrested. Mr. Justice White voted to confirm the conviction.

Thus, a review of the opinions expressed by the United States Supreme Court Justices in Powell v. Texas does not reflect a contradiction to the lower appellate courts in Easter and Driver; merely, that sufficient evidence was not reflected in the Powell case to justify a reversal.

C. Presidential Task Force Reports. President Johnson appointed two crime commissions in 1965. One was to conduct a national survey of law enforcement and administration of justice; the other to study crime in Washington, D.C. Following the Easter decision in 1966, both crime commissions conducted an extensive review of the handling of intoxication and alcoholism under criminal law.

Display III-12

Body of Instruction	Instructor's Notes

Both commission reports were released in 1967. The recommendations included in the reports, with regard to public intoxication, closely parallel each other. Each of the commissions recommended elimination of public intoxication as a criminal offense, and the substitution of public health, welfare, and rehabilitation measures to handle the problem. These recommendations served to enhance the recent appellate court decisions.

D. State Legislation. The influence of the acceptance of the disease concept to alcoholism, the appellate courts, and the Presidential task force reports had a significant impact upon state legislative bodies. Many states, including North Carolina, Hawaii, Maryland, North Dakota, Connecticut, Florida, and Massachusetts, as well as the District of Columbia, passed legislation reflecting general acceptance of these standards. Many other states initiated considerations oriented in the general direction of the task force recommendations. In this regard, the National Institute on Alcohol Abuse and Alcoholism has undertaken a major role in encouraging and assisting states and local jurisdictions in adopting a consistent pattern of legislation.

E. Development of the Uniform Act. Following the crime commission reports, three separate teams proceeded

Body of Instruction	Instructor's Notes

to draft model or uniform legislation governing intoxication and alcoholism. These teams included:

- The American Bar Association—American Medical Association Joint Committee on Alcoholism
- The Columbia University Legislative Drafting Research Fund Model
- The National Conference of Commissioners on Uniform State Laws

1. The ABA-AMA Model Law closely paralleled recommendations made in the crime commission reports. In effect, this model repealed the public intoxication offense by adopting a "disorderly intoxication" provision, and provided that all intoxicated persons who were not disorderly must be handled under civil detoxification, in-patient and out-patient procedures.

2. The Columbia University Legislative Drafting Research Fund Model simply abolished all criminal offenses relating to intoxication and drinking in public, rather than adopting a disorderly intoxication provision, on the ground that disorderly intoxication was adequately covered by the standard disorderly conduct law. Treatment provisions in this model were similar to those in the ABA-AMA model.

Body of Instruction	Instructor's Notes
but more limited in detail regarding some obvious problems associated with alcoholism and intoxication. 3. The National Conference of Commissioners on Uniform State Laws Model was adopted as the Uniform Act in August 1971. The National Conference was comprised of representatives appointed by the governor of each state. It was incumbent upon these representatives to obtain the introduction of the Act in their legislatures. ********** The recognition of alcoholism as a disease; recommendations by task forces and commissions; adoption of a Uniform Act; and enabling legislation at the federal, state, and local levels will not produce a magical change in our traditional attitudes and methods of dealing with alcohol abuse and alcoholism problems. However, these recommendations and legislative efforts will provide a means to implement diversionary programs based upon sufficient study and an understanding of the problems associated with handling alcoholism cases within the criminal justice system. A successful diversionary program is dependent upon the establishment of an alternative system and a thorough understanding by each of the participants in the alternative system of the overall objectives and their proper role and responsibilities in the system.	Display III-13

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

BACKGROUND

- POLICE INVOLVEMENT IN NON-CRIMINAL MATTERS CONSUMES A GREAT DEAL OF TIME.
- HISTORY REFLECTS NUMEROUS REVERSALS OF LEGAL THOUGHT CONCERNING ACTS PREVIOUSLY CONSIDERED AS CRIMINAL.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

EARLY REFERENCES TO ALCOHOL

- PRELITERATE CULTURES
- CHINA (2,000 B.C.)
- INDIA (200 B.C. - A.D. 200)
- MONGOLS, KUBLAI KHAN (1279)
- MASSACHUSETTS COLONY (1633)

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

DRUNKENNESS AS A CRIME

- STATUTORY OFFENSES:
  - DRUNK AND DISORDERLY
  - DRINKING IN PUBLIC
  - LOITERING
  - VAGRANCY
  - PANHANDLING
  - HABITUAL DRUNKARD
  - POSSESSION OF UNTAXED LIQUOR
- PROHIBITION (18TH AMENDMENT)

III-3

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

CIVIL PROCESS

- SOME STATES MADE RELATIVELY EARLY ATTEMPTS TO FIND METHODS OF TREATING ALCOHOLIC PERSONS.

- ALTERNATIVES TO CRIMINAL PROCESSES BEGAN TO BE SOUGHT AS IT BECAME MORE EVIDENT THAT ALCOHOLISM WAS AN ILLNESS.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

ATTITUDES AND PRACTICES IMPACTING ON CHRONIC ALCOHOLISM PRIOR TO 1966

- PRIOR TO 1966, DRUNKENNESS HAD BEEN MADE A CRIMINAL OFFENSE IN MOST JURISDICTIONS.
- COMMUNITY FUNCTIONS:
  - ROLE OF THE POLICE
  - ROLE OF THE COURTS
  - ROLE OF CORRECTIONS
  - THE MEDICAL SERVICES

III-5

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

FACTORS AFFECTING DIVERSION OF CHRONIC ALCOHOLIC PERSONS FROM THE CRIMINAL JUSTICE SYSTEM

- ALCOHOLISM AS A DISEASE.
- ADDICTION PHASES AND SYMPTOMS (JELLINEK).

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

ADDICTION PHASES AND SYMPTOMS

SYMPTOMATIC PHASES

- PREALCOHOLIC PHASE
  - OCCASIONAL RELIEF DRINKING
  - CONSTANT RELIEF DRINKING
- PRODROMAL (FORERUNNER) PHASE
  - ALCOHOL PALIMPSESTS ("BLACKOUTS," AMNESIA)
  - SURREPTITIOUS DRINKING
  - PREOCCUPATION WITH ALCOHOL
  - AVID DRINKING
  - GUILT FEELINGS ABOUT DRINKING BEHAVIOR
  - AVOIDANCE OF REFERENCE TO ALCOHOL
  - INCREASING FREQUENCY OF ALCOHOLIC PALIMPSESTS

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

ADDICTION PHASES AND SYMPTOMS

- CRUCIAL PHASE
  - LOSS OF CONTROL
  - RATIONALIZATION OF DRINKING BEHAVIOR
  - DRINKING TO COUNTER SOCIAL PRESSURES
  - GRANDIOSE BEHAVIOR
  - MARKED AGGRESSIVE BEHAVIOR
  - PERSISTENT REMORSE
  - PERIODS OF TOTAL ABSTINENCE
  - CHANGING PATTERNS OF DRINKING
  - DROPPING FRIENDS
  - QUITTING JOB
  - ENTIRE BEHAVIOR BECOMES ALCOHOL-CENTERED
  - LOSS OF OUTSIDE INTERESTS

DECRIMINALIZATION AND THE UNIFORM ACT

ADDICTION PHASES AND SYMPTOMS

ADDICTION PHASES (CONTINUED)

- CRUCIAL PHASE (CONTINUED)
  - REINTERPRETATION OF INTERPERSONAL RELATIONS
  - MARKED SELF-PITY
  - GEOGRAPHIC ESCAPE
  - CHANGE IN FAMILY HABITS
  - UNREASONABLE RESENTMENTS
  - PROTECTION OF ALCOHOL SUPPLY
  - NEGLECT OF PROPER NUTRITION
  - HOSPITALIZATION
  - DECREASE OF SEXUAL DRIVE
  - ALCOHOLIC JEALOUSY
  - REGULAR MATUTINAL (MORNING) DRINKING

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

ADDICTION PHASES AND SYMPTOMS

ADDICTION PHASES (CONTINUED)

- CHRONIC PHASE
  - PROLONGED INTOXICATIONS
  - MARKED ETHICAL DETERIORATION
  - IMPAIRMENT OF THINKING
  - ALCOHOLIC PSYCHOSIS
  - DRINKS WITH PERSONS FAR BELOW SOCIAL LEVEL
  - RECOURSE TO "TECHNICAL PRODUCTS"
  - LOSS OF ALCOHOL TOLERANCE
  - INDEFINABLE FEARS
  - TREMORS
  - PSYCHOMOTOR INHIBITION
  - DRINKING TAKES ON AN OBSESSIVE CHARACTER
  - VAGUE RELIGIOUS DESIRES DEVELOP
  - RATIONALIZATION SYSTEM FAILS

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

APPELLATE COURT DECISIONS

- EASTER V. DISTRICT OF COLUMBIA (1966)

  (CHRONIC ALCOHOLIC PERSONS CANNOT BE CONVICTED FOR PUBLIC INTOXICATION.)

- DRIVER V. HINNANT (1966)

  (CHRONIC ALCOHOLISM HAS BEEN ACCEPTED AS A DISEASE; WHEN THE VICTIM APPEARS IN PUBLIC BECAUSE OF SUCH AN ILLNESS HE CANNOT BE CONVICTED OF CRIMINAL CONDUCT.)

- POWELL V. TEXAS (1968)

  (NO EVIDENCE THAT POWELL COULD NOT AVOID BEING IN A PUBLIC PLACE WHEN HE WAS ARRESTED—WOULD NOT APPLY TO HOMELESS DERELICT ALCOHOLIC PERSONS.)

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

OTHER ACTIONS

- PRESIDENTIAL TASK FORCE REPORTS.
- STATE LEGISLATION.
- DEVELOPMENT OF THE UNIFORM ACT
  - THE AMERICAN BAR ASSOCIATION—AMERICAN MEDICAL ASSOCIATION JOINT COMMITTEE ON ALCOHOLISM
  - THE COLUMBIA UNIVERSITY LEGISLATIVE DRAFTING RESEARCH FUND MODEL
  - THE NATIONAL CONFERENCE OF COMMISSIONERS ON UNIFORM STATE LAWS MODEL

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

DECRIMINALIZATION AND THE UNIFORM ACT

- NATIONAL ADVISORY COMMISSION ON CRIMINAL JUSTICE STANDARDS AND GOALS:

  "IT IS RECOMMENDED THAT EVERY STATE ENACT LEGISLATION THAT PROVIDES AUTHORITY FOR CIVIL COMMITMENT AND DIVERSITY OF PERSONS WHO, BECAUSE OF ALCOHOLISM OR DRUG ADDICTION, ARE IN NEED OF TREATMENT AND WHO SHOULD BE DEALT WITH OUTSIDE THE CRIMINAL JUSTICE SYSTEM. LEGISLATION SHOULD PROVIDE FUNDING FOR TREATMENT CENTERS WHERE SUCH PERSONS CAN RECEIVE BOTH DETOXIFICATION AND FOLLOWUP CARE."[1]

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[1]NATIONAL ADVISORY COMMISSION ON CRIMINAL JUSTICE STANDARDS AND GOALS, REPORT ON POLICE WASHINGTON, D.C.: U.S. GOVERNMENT PRINTING OFFICE, 1973), P. 90.

LESSON IV

UNIFORM ALCOHOLISM AND INTOXICATION
TREATMENT ACT

LAW ENFORCEMENT GUIDELINES
INSTRUCTOR'S MANUAL

ADMINISTRATIVE OUTLINE
(Lesson Plan IV)

Lesson Title:	The Police and the Treatment Program
Course:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines
Scope:	To familiarize the student with the various aspects of alcohol treatment programs, to include the types of support facilities and agencies available
Instructor's References:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines, pp. 35-45, Appendices A, B
Student's References:	Same as instructor's reference material
Time Required:	25 minutes
Training Aids:	Required: Overhead projector Transparencies IV-1 through IV-7 Optional: Chalkboard

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES

LESSON PLAN IV

THE POLICE AND THE TREATMENT PROGRAM

Body of Instruction	Instructor's Notes
I. Introduction Many years of experience have proven that criminal law is not an appropriate device for preventing or controlling health problems. Dealing with public inebriates as criminals has been expensive, unproductive, burdensome, and futile. The establishment of modern public health and rehabilitation programs for the management of alcohol abuse and alcoholism facilitates early detection, prevention, and treatment of alcoholism and early diagnosis and treatment of other concurrent diseases. These programs also relieve the police, courts, and correctional institutions, and other law enforcement agencies of a burden that interferes with their ability to protect citizens, apprehend law violators, and maintain safe and orderly streets. In many cases, the police officer is the person who introduces the alcoholic person to the treatment system. For this reason, it is essential that the officer becomes well acquainted with the treatment resources in his community.	

Body of Instruction	Instructor's Notes

Numerous advantages can be gained quickly if good personal working relationships exist between the police officer and the treatment staff. Effective communication is more likely when each is familiar with the terminology and technical language of the other.

Law enforcement agencies and treatment resources can work together to simplify paperwork associated with alcoholism programs. Often, one simple form can be developed that will provide the police officer a record of his involvement with an inebriated person (for departmental accountability purposes) and will also give information needed by the treatment facility.

The police officer must know the state law and local ordinances affecting his involvement with the public inebriate. In many states that have decriminalized public intoxication, there are specific responsibilities that law enforcement personnel must fulfill. The officer should also be aware of pertinent department rules and procedures and, more important, exercise care in adhering to practices that insure fast and appropriate treatment. Just as it was important for the officer to know the separate elements of the criminal justice system and its involvement with the public inebriate prior to the Uniform Act, he must now become familiar with how the different parts of a health

Body of Instruction	Instructor's Notes
and rehabilitation system function to provide the services mandated by the Uniform Act.	
II. Detoxification The alcoholic individual must first recover from acute intoxication and withdrawal before he can begin to change his life style.	Display IV-1
In acute cases, the process of "sobering up" and withdrawal should be handled in a facility where the patient can spend several days safely ridding his body of the effects of alcohol. The usual procedure is to give the patient medication that will prevent convulsions, and produce a healthy appetite and sound sleep. High-strength vitamins and a diet rich in nutrients are prescribed. Encouragement and support from empathic staff members, law enforcement officers, and others with whom the patient comes into contact—some of whom may have recovered from alcoholism themselves—are essential elements in the process of seeing the patient through this part of the treatment phase, i.e., initial detoxification to complete withdrawal.	
The detoxification facility is not only the treatment program entry point, but is also the component of the treatment system with which the police officer has most contact. Essentially, there are two types of facilities (medical and	

Body of Instruction	Instructor's Notes
nonmedical[1]) that provide detoxification and emergency treatment as mandated by the Uniform Act. The medical model is normally in a hospital setting having around-the-clock medical services such as an emergency room. This mode of treatment is necessary for those patients experiencing delirium tremens or other severe complications. The nonmedical facility is staffed by nurses and aides working under the direction of a physician. The physician provides standing orders and direction to the staff and is available to examine patients and make recommendations. This type of facility is significantly more economical than a hospital and meets the objectives of guarding against complications from withdrawal, restoring adequate nutrition, and providing an opportunity for prevention and/or early identification and treatment of alcoholism.	[1]In the sense of "hospital" and "non-hospital" types of facilities, respectively. This differentiation is expressed primarily to point out that medical service (or supervision) is generally available to or present at a so-called "nonmedical" detoxification or emergency treatment facility.
III. Hospitals In the past, general hospitals have been reluctant to accept alcoholic patients. This reluctance is disappearing gradually and many of these hospitals are beginning to provide vital services in out-patient, emergency room, and ward care for those suffering from acute intoxication, as well as in-patient care on both the psychiatric and general wards for chronic alcoholism patients.	Display IV-2

Body of Instruction	Instructor's Notes
The general hospital is becoming a prime referral source for community alcohol treatment programs. Frequently, hospital emergency rooms provide emergency care for injuries and complications of severe intoxication and then discharge the patient to the community program.	
IV. Out-Patient Care Recent experience has shown that out-patient care is advantageous for most alcoholic patients. The reason is that the majority of alcoholic people are still trying, although with increasing difficulty, to shoulder their home, work, and social responsibilities.	Display IV-3
Because many patients enter the treatment system through the out-patient program, it is essential that an evaluation and treatment plan be developed during this phase of treatment. The patient should be interviewed, psycho-social information obtained, and a physical examination, if indicated, conducted to determine the most appropriate treatment available. Patients can then be referred as appropriate if needed services are not immediately available.	
Our-patient programs have other specific goals. They normally provide group and individual therapy for patients and family members; individual and group therapy for spouses; family therapy; community education and	

Body of Instruction	Instructor's Notes
orientation; and consultation services for other agencies in the community. Staff members of out-patient programs are sometimes assigned liaison duties with law enforcement departments, the court system, parole and probation offices, and other agencies of the criminal justice system. Out-patient facilities often provide the setting for D.W.I. schools, Alcoholics Anonymous meetings, and other elements which comprise a comprehensive alcoholism treatment system.	
V. Halfway House[2] The halfway house is a most important link in the chain of the alcoholic rehabilitation services system. It can provide maximal rehabilitative opportunities for the homeless, the disabled, and the individual whose needs may include temporary supportive residential care. It is conceived to be a therapeutic service for patients who have reached "the halfway mark" toward the resumption of independent living and who simply need temporary refuge on a "dry island" or who no longer need the intensive services of a hospital or institution. It may also help prevent hospitalization for the individual who requires removal from an unhealthy home environment. The halfway house, as the bridge between institutional and community life, emphasizes the same kind of responsibility	Display IV-4 [2]The terms "halfway house" and "quarterway house" do not convey homogeneous meanings in each community where the titles may be used. There is no single definition or description that can be applied which would outline the function carried out by facilities which are referred to as halfway or quarterway houses. Descriptions of these facilities are given in an effort to furnish a general knowledge of the function of these centers and their place in an alcohol treatment program.

Body of Instruction	Instructor's Notes
to self and to a "home" as would be expected in a normal environment. Usually, the house is governed to a large extent by the residents who meet periodically to discuss house rules and regulations and daily living activities. A halfway house provides the setting for various treatment techniques; creative recreational activities; community interaction; and spiritual, educational, and cultural activities designed to encourage social readjustment and self-development. In this setting, the residents learn to cope with the problem of life in a nondrinking atmosphere by learning and sharing with others who have similar problems. The halfway house programs are heavily dependent on volunteers and utilize their services to the greatest extent possible. Many volunteers are law enforcement officers, representatives of various philanthropic organizations, recovering alcoholic persons, members of community churches, and neighborhood residents.	
VI. Quarterway House The quarterway house is a facility similar to a halfway house. The basic difference is the staffing pattern. Applying the same principle as the halfway house, the patient in the quarterway house is considered as being only a quarter-of-the-way between institutional care and	Display IV-5

Body of Instruction	Instructor's Notes
independence and self-support in the community. A quarterway house requires a staff that is professionally competent in determining individual behavior which might require medical attention. The quarterway house usually has an established mechanism for securing medical care, to include hospitalization if required. Although the quarterway house resident is supervised more closely than the individual living in a halfway house, the goals are the same. That is, to enable the resident to return to a self-supporting, independent role in the community as soon as possible.	
VII. Domiciliary Care Although representing less than 5 percent of the population of problem drinkers, there are some debilitated persons with chronic alcohol problems who are unable to receive any measureable benefits from other (than domiciliary) types of residential treatment facilities. Patients in this group have many problems including physical deterioration and a lack of socialization abilities. Others have varying amounts of irreversible brain damage and possess no vocational skills. Domiciliary care provides the chronically debilitated alcoholic individual with shelter and care for an extended period of time. Basically, such care provides room and	Display IV-6

Body of Instruction	Instructor's Notes
board and needed medicines. There may be opportunities for some type of sheltered employment either at the facility or other locations in the community. Participation may also be encouraged in and arrangements made for recreational and religious activities.	
VIII. Alcoholics Anonymous One of the major resources for the treatment of alcoholism in this country has been an organization known as Alcoholics Anonymous. It is a loosely knit voluntary fellowship of alcoholic individuals gathered together for the sole purpose of helping themselves and each other to acquire complete sobriety. It has also been pictured as first showing its members how to regain a respectable life style, and then how to continue in a decent mode of living. There are almost one-half million members in about 13,000 A. A. groups in the United States.	Display IV-7
Important to the A. A. approach is an admission by the alcoholic person of his lack of control over alcohol. He finds his life to be unmanageable and his situation intolerable. For some, this realization may come after they have lost everything and everyone. For others, it may occur when they are first arrested by the police or warned by their employer. Alcoholics Anonymous members believe that the individual must decide to turn his life and	

Body of Instruction	Instructor's Notes

his will over to a power greater than his own. Much of the program has a spiritual, but nonsectarian basis.

Alcoholics Anonymous is a vital component in practically all community alcohol treatment programs. Professional workers in these programs strongly encourage membership in A. A. as a part of the treatment plan for patients in detoxification centers, general and psychiatric hospitals, private clinics, and during out-patient care. It should be emphasized that, as valuable and widely accessible as it is, A. A. should not be considered as a complete form of treatment for all alcoholic individuals; rather it should be viewed as supportive to—not substitutive for—various forms of therapy.

Other organizations stimulated by the sample of Alcoholics Anonymous have been most effective in involving family members and helping them to understand and adjust to the problems created by an alcoholic family member. Al-Anon, an organization of spouses and other relatives of alcoholic individuals, is available whether or not the alcoholic family member belongs to A. A. or participates in some other rehabilitation program.

Alateen is a parallel organization for the teenage children of an alcoholic parent.

Body of Instruction	Instructor's Notes

IX. Clergy

Clergymen are taking an increasingly active role in the treatment of alcoholic individuals. Traditionally, addictive drinking was considered to be a sin and its treatment was, therefore, thought to be a responsibility of the clergy.

The original goal of moral reform has now changed considerably. After deep reappraisal, many clergymen of various faiths have taken a new approach, based on modern psychological and psychiatric knowledge. They are following the same pattern of "one-to-one" pastoral counseling procedures for people with alcohol problems as they are with those having other troubles. Clergymen are also becoming valued members of therapeutic teams in the administration of group therapy.

The clergyman and police officer, by virtue of their position in the community, can be and often are the two individuals most influential in getting those with alcohol problems into a treatment program. The minister is frequently the only person in whom those sick with alcoholism and members of their families will confide. The police officer, in his work, comes in contact with more crisis conditions, human relations incidents, and alcohol abuse situations than any other person in the community.[3]

[3]Although the police officer and the clergyman can, as indicated,

Body of Instruction	Instructor's Notes
	be most effective, some alcoholic persons and their associates may harbor extreme negative attitudes toward either or both of these individuals. Whether such conceptions are caused by real or imagined ills is of little consequence. The primary consideration here is to be aware of these circumstances and prepare accordingly for any hostile or aggressive action on the part of alcoholic persons when suggestions concerning treatment are made to them by law enforcement officers and/or clergymen.

X. Private Treatment Facilities

The disease concept of alcoholism is becoming widely accepted and in addition to publicly sponsored programs there are increasing numbers of private treatment facilities emerging. The fact that alcoholism can be treated successfully, the availability of insurance coverage in some areas, and other types of third party funding programs have no doubt helped to bring private practitioners into the alcohol treatment field. It should also be recognized that some individuals prefer private

Body of Instruction	Instructor's Notes

treatment for alcoholism and do not want to become involved in the public system.

Some of the private clinics provide a complete range of services and experience a very high rate of success. Many physicians who refused formerly to work with alcoholic patients are now engaged in treatment programs. Also, private industries are beginning to employ counselors and other alcohol rehabilitation professionals to provide needed treatment for employees.

XI. Summary

The purpose here has been to familiarize the law enforcement official with the various functional components of a comprehensive alcoholism rehabilitation program. Just as any new type of program or change in the way things have been done for many years may result in frustration and anxiety for those involved, the placement of the public inebriate in the health care system instead of the criminal justice system will surely be no exception. To be successful, such an endeavor will necessitate cooperation and mutual understanding for everyone involved, especially law enforcement and treatment personnel.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE AND THE TREATMENT PROGRAM

DETOXIFICATION

- THE ALCOHOLIC PERSON MUST FIRST RECOVER FROM ACUTE INTOXICATION AND WITHDRAWAL BEFORE HE CAN CHANGE HIS HABITS.

- THE "SOBERING UP" PROCESS SHOULD BE HANDLED IN A PROFESSIONALLY STAFFED FACILITY.

    a. MEDICAL ("HOSPITAL")

    b. NON-MEDICAL ("NON-HOSPITAL")

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE AND THE TREATMENT PROGRAM

HOSPITALS

- OUTPATIENT SERVICES
- EMERGENCY ROOM TREATMENT
- WARD CARE

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE AND THE TREATMENT PROGRAM

OUTPATIENT CARE

- ADVANTAGEOUS FOR MOST ALCOHOLIC PATIENTS
- DEVELOPMENT OF EVALUATION AND TREATMENT PLAN
- REFERRAL TO OTHER AVAILABLE SERVICES
- THERAPY AND CONSULTATION SERVICES

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE AND THE TREATMENT PROGRAM

HALFWAY HOUSE

- PROVIDES REHABILITATIVE OPPORTUNITIES FOR THE HOMELESS, THE DISABLED, AND THOSE NEEDING TEMPORARY RESIDENTIAL CARE.
- ACTS AS A "BRIDGE" BETWEEN INSTITUTIONAL AND COMMUNITY LIFE.
- PROVIDES VARIOUS TYPES OF TREATMENT.
- DEPENDS TO A GREAT DEGREE ON VOLUNTEER SERVICES.

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE AND THE TREATMENT PROGRAM

QUARTERWAY HOUSE

- SIMILAR TO HALFWAY HOUSE.
- QUARTERWAY HOUSE RESIDENT GIVEN MORE SUPERVISION.

IV-5

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE AND THE TREATMENT PROGRAM

DOMICILIARY CARE

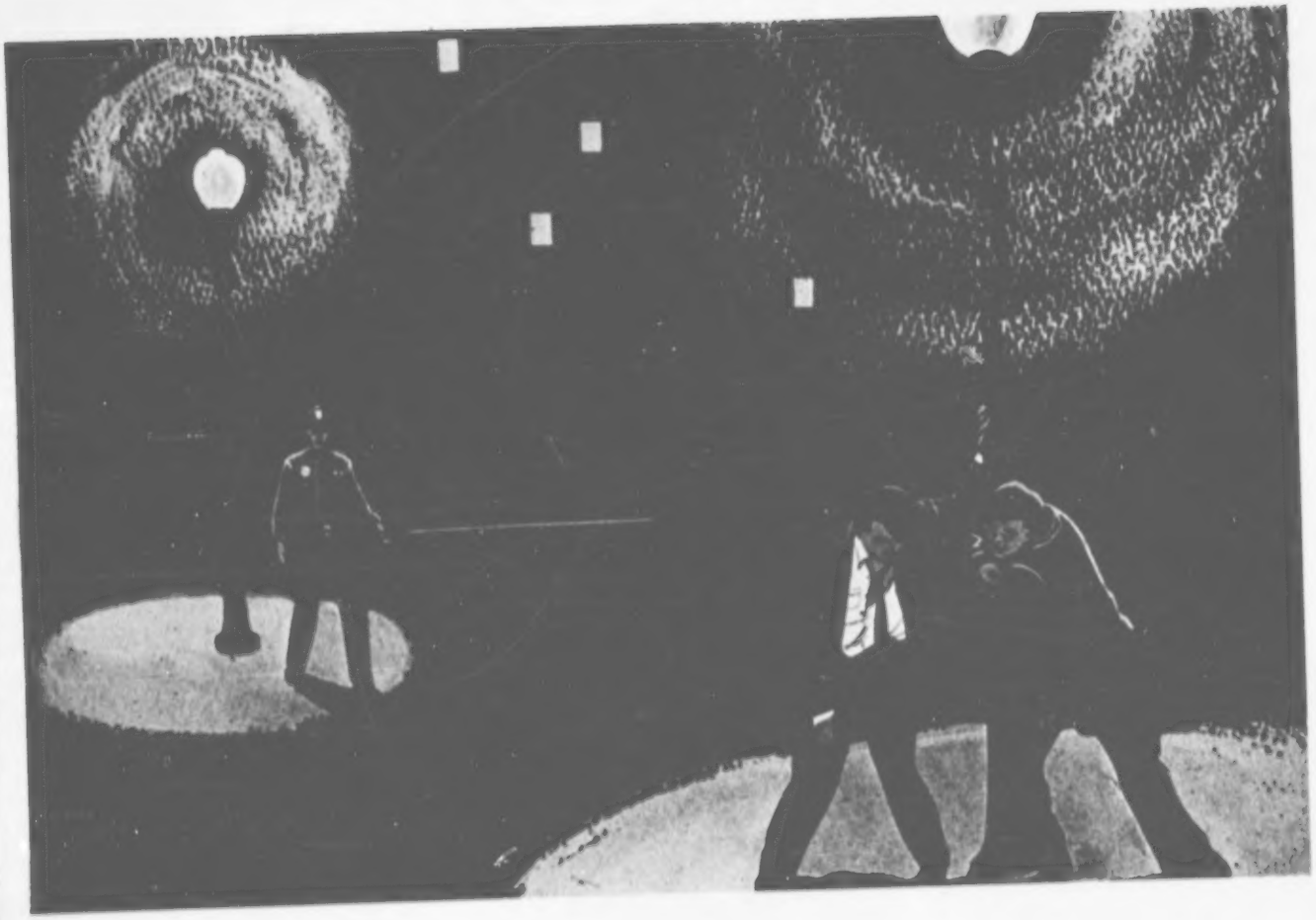
- DESIGNED FOR THE CHRONICALLY DEBILITATED ALCOHOLIC PERSON
- PROVIDES EXTENDED SHELTER AND CARE

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE AND THE TREATMENT PROGRAM

- ALCOHOLICS ANONYMOUS
  - AL-ANON
  - ALATEEN
- CLERGY
- POLICE
- PRIVATE TREATMENT FACILITIES

LESSON V



UNIFORM ALCOHOLISM AND INTOXICATION
TREATMENT ACT

LAW ENFORCEMENT GUIDELINES
INSTRUCTOR'S MANUAL

ADMINISTRATIVE OUTLINE
(Lesson Plan V)

Lesson Title:	The Police Role
Course:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines
Scope:	To familiarize the student with certain of the more common weaknesses and inconsistencies associated with implementation of the Uniform Act; to furnish the student with background information concerning the overall intent of the Act; and, primarily, to provide the student with an understanding of the provisions of the Act having special interest for the law enforcement officer
Instructor's References:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines, pp. v, vi, 47-75, Appendices A, B, C, D, E, G, H, K
Student's References:	Same as instructor's reference material
Time Required:	100 minutes
Training Aids:	Required: Overhead projector Transparencies V-1 through V-13 Optional: Chalkboard

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES

LESSON PLAN V

THE POLICE ROLE

Body of Instruction	Instructor's Notes
I. Background To gather data for use in this presentation; acquire first-hand knowledge of the impact that the Uniform Act brings to bear on police operations; and to experience related environmental conditions, a series of visits by highly qualified law enforcement practitioners were conducted to a number of selected sites. All of the places visited were located in states which had enacted the Uniform Act or similar legislation. Observations were made and interviews were conducted at the state, county, and municipal-urban levels. II. Purpose It is the purpose of this part of my presentation to set forth in general terms certain of the impressions gained and conditions noted during the course of the visits just described. The remainder of the presentation will be devoted to the examination of certain provisions in the Act in an effort to provide guidance to the individual officer in situations likely to be encountered as a result of the Act's establishment.	

Body of Instruction	Instructor's Notes

III. Implementation Inconsistencies at Various Jurisdictional Levels

A. General

Although a number of positive aspects were noted concerning the Act's implementation in the jurisdictions visited, primary consideration in this block of instruction will be given to the more negative situations which were encountered. In this manner, emphasis can be placed on certain of the more common errors or misconceptions which are committed or held by those charged with executing the Act's provisions. Based on this knowledge, operations and training commitments can be structured in a more positive and constructive fashion in an effort to remedy or prevent improper actions. Actions which sometimes result from attempts to circumvent the spirit or letter of the Act.

B. State

Display V-1

First, I would like to comment relative to the observations and analyses of state enforcement agencies with respect to their operations and policies regarding public inebriates.

1. Nature of the Work. State-level enforcement operations are largely committed to the patrol of state and federal highways and are chiefly concerned with violations

Body of Instruction	Instructor's Notes

of the traffic code. Relatively little contact is made with intoxicated persons in the sense of the Uniform Act.

2. Driving While Intoxicated/Accidents. At the state level, contact with people under the influence of alcohol is generally connected with some driving offense or accident investigation. In the former situation, custody of the offender usually takes the form of incarceration in the nearest jail. In the latter situation, the need for medical treatment of injuries generally requires transportation of the offender to a hospital.

3. Refer to Local Agency. In contacts with intoxicated persons where no traffic offense is involved, local police are generally summoned by state officers to "take care of the matter." Some exceptions occur when passengers of vehicles involved in accidents are inebriated. In this case, a friend may be called to the scene, a taxi may be requested, or the officer may elect to help in some other way.

4. Jurisdictional Policy. Although most state-level enforcement agencies have jurisdiction throughout the state, and thus, concurrent jurisdiction in any local area of government within that state, patrol and enforcement efforts are largely confined to those areas not covered by local agencies. Exceptions exist, but even these are often

Body of Instruction	Instructor's Notes

the result of some previous agreement or understanding between the agencies involved.

5. Specialized/Limited Jurisdiction. Some state enforcement officers have specialized or limited jurisdiction in or around the state capitol buildings and grounds and/or other state buildings and properties. For the most part, inebriates are encountered sleeping or loitering in and about public buildings and adjacent areas. Since these facilities, or limited jurisdictions, are usually in the heart of a major city, the state officers concerned generally take action similar to that practiced by the local police agency. A routine is usually established for picking up public inebriates and taking them directly to a treatment or locally termed "detoxification" center, or to the appropriate custodial facility for temporary confinement.

6. Rural Coverage. State-level law enforcement agencies usually operate in jurisdictions that are predominately rural and located some distance from urban centers. This means that even in those cases where a state officer may encounter a public inebriate and decide to transport that person to a treatment center, rarely will the facility be close at hand. Frequently, such a decision may involve a trip of considerable distance, thus reducing or actually eliminating police coverage in the area

Body of Instruction	Instructor's Notes

concerned for a period of hours or more. As a result, police are reluctant to take such action. Moreover, the often-experienced futility of trying to arrange transportation for an inebriate to a treatment facility may influence the officer to ignore or avoid the situation.

7. Training. Training for state police officers is generally very extensive. Subjects connected with alcoholism, however, usually revolve about the situation of the drunken driver. Little or no documentation exists in state officer training material regarding the public inebriate or the total alcohol treatment program.

8. Vacation/Resort Area. Vacation or resort areas, when not under the jurisdiction of a local agency, sometimes pose a problem for state officers. Here, apart from the expected congestion and attendant traffic problems, instances of public drunkenness also increase sharply. Approved public treatment facilities or emergency medical services are generally not positioned to service a seasonal situation. The state officer who is required to deal with the matter of public intoxication under these circumstances must seek alternate measures to cope with the situation. As a result, misunderstanding and disinterest in the treatment program are fostered.

Body of Instruction	Instructor's Notes

9. Advisory Group. In few instances at state enforcement levels are close coordination and cooperation maintained between the police and officials who are responsible for alcoholism treatment programs or those officials who operate treatment facilities. If liaison has been established, or if an advisory group exists, police representation is generally evidenced by someone from the police agency of the closest major city. This may tend to isolate state-level officers from input or receipt of information that could affect overall enforcement coordination in dealing with public inebriates.

10. Location of Centers. Often, many officers know neither the location of emergency treatment centers nor the services that are available. Even though lists of these facilities may be published, distribution does not always reach the lower echelons of law enforcement agencies. One serious ramification of this shortcoming is the fact that in states where the Uniform Act has been enacted intoxicated persons are sometimes confined in detention cells illegally, opening the agency concerned to a possible law suit.

C. County

Now, I would like to discuss certain shortcomings in enforcement operations at the county level in connection with public inebriates.

Body of Instruction	Instructor's Notes

1. Suburban Jurisdiction. Similar to state-level enforcement operations, county officers generally confine their activities to suburban and rural areas and perform traffic road patrol on county and state highways. This type of operation does not generally result in contact with the public inebriate.

2. Custodial Operations. County-level enforcement operations frequently involve the administration and operation of a county jail facility. Wherever permissible under statutory provisions, public inebriates are often held in these county jails in lieu of admission to treatment centers.

3. Distance from Treatment Center. The rural and often-decentralized operations of county enforcement agencies sometimes present a problem for the county officer when he encounters a public inebriate who should be transported to a treatment facility. Since most facilities are situated in the center of urban areas more likely to be frequented by the public inebriate, they are not conveniently located for use by officers in rural and suburban areas. Rather than resort to traveling a long distance to a treatment center, county officers frequently elect other options, i.e., avoidance of the problem or incarceration of the intoxicated person in the nearest jail.

Body of Instruction	Instructor's Notes

4. Training. Since the frequency of contact with intoxicated persons, and thus familiarity with the alcohol treatment program, is relatively low, county officers' training in this area is either nonexistent or very limited. Although extensive training material may be present for handling drunken driving offenses, little reference to the public inebriate is found in the training program.

5. Nature of the Work. Similar to the outlook held by state-level officers, county police and sheriffs' officers generally view the problem of public intoxication as falling within the purview of municipal police in central urban areas. Apart from centralized jail functions, county-level officers rarely see the need to direct any great degree of their activity, training, or administration toward the subjects of public intoxication and the alcohol treatment program.

6. Advisory Group Coordination. Again, similar to situation found at the state level of police operations, county officers are rarely found as members of advisory or coordinating groups along with officials who administer and operate alcoholism programs and treatment centers.

7. Planning. In some instances when alcohol treatment programs are launched, little prior planning and coordination are initiated or maintained with county

Body of Instruction	Instructor's Notes

officers. These shortcomings exist even though centralized booking procedures operated by county officers represent important links in the overall scope of alcoholism programs.

8. Admission Procedures. In some county-level operations, field officers find that it is easier to book an intoxicated person at the jail instead of waiting at the detoxification center for the individual to be screened for admission. Although the officers must report a "justification" for such action to their agency, this requirement is circumvented by indicating the charge as: "fighting," "violent," "too intoxicated," or "refused." On the other hand, this practice may simply be reflective of actions observed at detoxification centers where admittance of an alcoholic person is often denied for similar reasons.

D. Municipal-Urban

The observations about to be discussed were noted in connection with municipal-urban (local) operations pertaining to the handling of public inebriates, alcoholism treatment programs, and public treatment facilities:

1. Information. Although some documentation is prepared and distributed to field personnel to make them aware of the changes brought about by the adoption of the Uniform Act, it is most often a one-time effort and not

Body of Instruction	Instructor's Notes

generally supported by sufficient review, follow-up, and retraining.

2. Operational Expediency. Field personnel, who normally patrol "skid-row" areas, generally exhibit a practical attitude when dealing with drunks and the treatment facility center. This often manifests itself through the medium of certain "expedient" measures, which become routine with practice. These measures may take the form of transporting an inebriate to a mission-operated shelter or "flop house" and depositing him there to fend for himself, or he may be deposited at the treatment center to seek admission on his own behalf as a "walk-in."

3. Treatment Center Capacity. Field officers are frequently confronted with the problem of being unable to find room at treatment centers to accommodate all of the public inebriates in need of assistance. This situation produces a lack of interest in the program or a feeling of frustration on the part of the police officer that nothing has changed, i.e., police still must pick up inebriates and take them to jail only to see the same individuals released after a few hours of "sobering up."

4. Involvement. Numerous officers are of the opinion that they were to be relieved of the task of handling the public inebriate once the Uniform Act was adopted.

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Unfortunately, through a lack of complete understanding of the program, poor coordination with program officials, or simply disinterest and frustration, many officers fail to see any short- or long-term benefits emanating from the Act's passage.

5. Advisory Group Representation. Coordinative or advisory groups that function in connection with alcohol treatment programs frequently have interface with the local police. This is usually accomplished through representation in the group by a high official or administrative officer of the police agency. As a general rule, however, officers from the operational levels, especially in those areas of the city in which the majority of public inebriate contacts are made, are not contacted or permitted to interact with these groups. As a result, decisions are often made that simply do not reflect the practicality of the situation, but exist as blue-sky idealistic theories which further compound the inability of the officer to view the overall program in a positive light.

6. Training. Provisions are generally made during police recruit training courses to have officials of state and local alcoholism programs present an overview lecture regarding the treatment program to each class. Documentation in this area, however, is sparse and limited to brief

Body of Instruction	Instructor's Notes

explanations of the specific statute involved and/or procedural matters.

7. Program Funding. Officials of various alcohol treatment programs as well as police administrators are virtually unanimous in their desire to see that future efforts to provide treatment to alcoholic persons are adequately funded prior to the inception of any specific program. In more than one state, the Uniform Act was passed by the legislature, but no funds were appropriated for implementation.

8. Program Planning. In addition to inadequate funding, the lack of proper planning is often voiced as an equal concern. Sites for treatment facilities must be selected on a basis of proximity to the problem area and in consideration of the logistics involved. Similarly, the capacity of the center or centers must be able to support a reasonable input potentiality sufficient to deal with the activity likely to be encountered. A 20-bed facility in an area that has a daily requirement for 100 beds will not be able to achieve any measure of success despite the contention that "it is a step in the right direction" or "it is better than nothing."

Body of Instruction	Instructor's Notes
9. Collection Teams. The use of treatment center personnel who function as "rescue squads or teams"[1] equipped with their own vehicles to pick up public inebriates is viewed by police as a desirable adjunct to any alcohol treatment program. This opinion is held universally despite the fact that it does not entirely relieve the police of the need to supplement this service by assisting in the pick-up and transportation of public inebriates to a detoxification facility.	[1]In the Uniform Act, these teams are referred to as "emergency service patrols."
E. Common Inconsistencies In addition to the aforementioned observations and comments, I would now like to address certain Uniform Act implementation inconsistencies that are applicable in some degree at all enforcement levels:	
1. Modification of Act. Numerous law enforcement officials are in favor of an amendment to the Act as implemented by their respective states. They believe that a provision (similar to the Massachusetts law) should be inserted allowing for a 12-hour "drying out" period (protective custody) in a detention facility. Those supporting this change contend that such a provision would allow law enforcement agencies greater flexibility and influence in carrying out the intent of any legislation pertaining to the decriminalization of public drunkenness.	

Body of Instruction	Instructor's Notes

These authorities also contend that allowing short periods of incarceration for public inebriates would act as a pressure valve by providing an outlet or secondary "drying out" facility when other institutions have reached their capacity.

2. Hospital Cooperation. Police officials spoke of the lack of cooperation of state medical personnel when, for various reasons and excuses, they refuse to admit public inebriates for purposes of treatment, i.e., lateness of the hour or when the detoxification center (emergency ward) had reached its capacity. The question posed by the police is: Can a public (or private, for that matter) hospital legally refuse to admit a public inebriate, under provisions of federal law, when that hospital is receiving any federal monies? Unequivocally, the answer is: No, they cannot refuse treatment.

3. Involuntary Commitment Policy. Many law enforcement authorities expressed concern over the lack of "involuntary treatment" provisions in their respective state statutes. Most felt that when the nature of a given individual's problem with alcohol began to follow a predictable pattern (for instance, the "revolving door" syndrome) then that individual should be legally required to submit to a program of involuntary treatment.

Body of Instruction	Instructor's Notes

4. Funding. One adverse aspect of receiving and using federal or other initial funds to support the provisions of the Uniform Act as implemented by the various states concerns the durability of agencies or programs sustained or initiated by or because of these funds. Once established and accepted, projects funded in this manner become an integral part of a particular program and soon acquire an aura of permanency. Unfortunately, once the initial funding base is removed, the program is often dropped (since the community concerned cannot afford its continuance) and a once useful service is discontinued.

The situation just described points up the importance of community participation and involvement during the planning for grant aid. During this phase, the possibility and extent of local funding should be explored.

5. Reporting. In some instances, after a police officer has delivered an inebriate to an emergency treatment or detoxification center, it is necessary for the officer to execute long and involved forms describing the incident and justifying his actions. It is readily apparent that this is an onerous task and the necessity for its accomplishment may militate against an officer's desire to engage in future transport operations.

Body of Instruction	Instructor's Notes

If the police are to perform a collection service or make referrals, the transaction should be a relatively simple process characterized by a minimal amount of time spent in the preparation of forms. The same principle holds true in a hospital or detoxification center where an officer may be required to wait and furnish lengthy details for an admittance report.

IV. The Uniform Alcoholism and Intoxication Treatment Act and the Law Enforcement Officer

A. Background

Primarily because of the recommendations forwarded in 1967 by the Task Force on Drunkenness of the President's Commission on Law Enforcement and Administration of Justice and the 1966 Report of the President's Commission on Crime in the District of Columbia, the National Conference of Commissioners on Uniform State Laws in 1971 drew up and approved what is known as the Uniform Alcoholism and Intoxication Treatment Act. Both of these Presidential Commissions concluded that drunkenness, of itself, should not be classed as a criminal offense. The members of these commissions also determined that dealing with alcoholism and the public inebriate by resorting to court action was not only inhumane and futile, but expensive as well. It was also considered to be counter productive since no evidence was

Body of Instruction	Instructor's Notes
produced that recourse to legal procedure had ever corrected the problem. As a result, both bodies stated that instead of initiating criminal proceedings against the common drunk, a more positive step would be to enlist the services of public health authorities and their facilities. In other words, drunkenness and alcoholism should be looked upon as an illness and public health problem—not as a crime.	
B. Highlights of the Uniform Act After declaring state policy pertaining to alcoholics and intoxicated persons, the Act defines relevant terms and outlines the organization, powers, and duties of the state division of alcoholism. Following this, the establishment of an interdepartmental coordinating committee[2] is outlined and the appointment of a citizens advisory council on alcoholism is described.	Display V-2 [2]To be comprised of the director of the state division of alcoholism and the commissioners of public health, mental health, education, public welfare, correction, highway, public safety, vocational rehabilitation, and other appropriate agencies.
Next, the Act requires that the state division of alcoholism establish a comprehensive and coordinated program for the treatment of alcoholics and intoxicated persons. In this respect, the program should be designed to include:	

Body of Instruction	Instructor's Notes
• Emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital[3]	[3]This facility is often referred to as a "detoxification" center."
• In-patient treatment • Intermediate treatment • Out-patient and follow-up treatment	
Primarily, three types of problem drinkers are addressed by the provisions of the Uniform Act. The Act categorizes these individuals as the:	
• Alcoholic • Intoxicated person • Incapacitated person	
It is most probable that law enforcement officers will experience the greatest frequency of contact with the latter two categories (who may or may not be alcoholics)—and within these categories the most contact (85 percent to 90 percent) will be made with the intoxicated person.	
This transparency describes how the three types of individuals just described may obtain treatment.	Display V-3 Discuss, but do not read portion of script displayed on V-3
• An alcoholic may apply voluntarily directly to an approved public treatment facility. Even if the	

Body of Instruction	Instructor's Notes
individual is an incompetent person or a minor, application for admission may still be made by the proposed patient, or by a parent, a legal guardian, or other legal representative;	
• An intoxicated person may also come voluntarily to an approved public treatment facility or, provided he agrees to be helped, may be assisted by the police or emergency service patrol personnel to his home, an approved public treatment facility, an approved private treatment facility, or other health facility; however,	
• An incapacitated person must be brought by the police or emergency service patrol personnel to an approved public treatment facility for emergency care.	
Upon petition of an alcoholic person's spouse or guardian, a relative, a certifying physician, or the person in charge of an approved public treatment facility, and following the issuance of a court order, the Act makes further provision for the involuntary commitment of an alcoholic person for a maximum of 30 days.[4]	Display V-4 [4]Under certain conditions, the patient may be recommitted for a period not to exceed 180 days.

Body of Instruction	Instructor's Notes
The confidentiality of a patient's records maintained by treatment facilities is protected by a provision in the Uniform Act. Likewise, a patient's mail or other communications may not be intercepted, read, or censored.	
The Act further authorizes a state division of alcoholism, county, city, or other municipality to establish emergency service patrols.[5] It is the responsibility of the state director of the division of alcoholism to devise rules and procedures for the establishment, training, and conduct of emergency service patrols.	[5]Police often refer to "emergency service patrols" as "rescue teams or squads."
V. Provisions of the Uniform Act of Particular Interest to the Law Enforcement Officer	
A. Decriminalization of Drunkenness as an Offense Undoubtedly, in the eyes of the police officer, the most far-reaching assertion in the Uniform Act is contained in the section which states that "...alcoholics and intoxicated persons may not be subjected to criminal prosecution because of their consumption of alcoholic beverages but rather should be afforded a continuum of treatment in order that they may lead normal lives as productive members of society." In short, once the Act is adopted, in the jurisdiction affected a person may no longer be arrested merely for being under the influence of alcohol. Hence, many petty criminal offenses such as loitering and	Display V-5 Discuss, but do not read portion of script displayed on V-5

Body of Instruction	Instructor's Notes

vagrancy will, in turn, be disassociated from being handled in connection with drunkenness. Likewise, a person under the influence of alcohol who may evidence this condition by staggering or lying unconscious in a hallway will no longer be subject to criminal proceedings, but must be handled as provided for in the Uniform Act.

B. Coping with the Inebriate: Police Actions

1. At First Sight: Determination of Subject's Condition. On contacting or observing an individual who displays the general characteristics normally associated with drunkenness, a police officer must immediately attempt to determine the person's true condition. This evaluation process is extremely important as the officer's resultant decision will dictate the type of action to be taken. At this point, a number of judgmental alternatives are available to the police officer; for instance, he must decide whether the person concerned falls within one of the categories listed on this transparency.[6]

Display V-6

[6]Intoxicated; incapacitated; neither intoxicated nor incapacitated, but has been drinking; mentally ill; the victim of an accident; under the influence of narcotics or drugs; or subject to an illness or physical disturbance in which the external symptoms are similar to those exhibited by an individual under the influence of alcohol.

Body of Instruction	Instructor's Notes

With respect to the alternatives listed on the transparency, a law enforcement officer's actions under the model law are limited to dealing with persons falling within the first two categories, i.e., intoxicated or incapacitated. If the person being observed, although he has been drinking, is neither intoxicated nor incapacitated, then the police officer should not interfere—unless there is reasonable cause to suspect the occurrence of an accident or foul play or if the commission of a criminal act has been observed. The remaining categories in the listing should be handled according to approved police agency policy and procedure as outlined in applicable directives.

Regarding the two types of inebriates (intoxicated person and incapacitated person) covered by the Uniform Act, unless changed by state statute, a law enforcement officer may take certain steps in the case of an intoxicated person, but the officer is required to initiate action if he encounters an incapacitated person. Because of the frequent reference in the Uniform Act to and the fact that many of the Act's provisions are built around both the intoxicated person and the incapacitated person, it is incumbent upon the police officer to become highly conversant with the identifying features of both types of inebriates.

Body of Instruction	Instructor's Notes
Whether or not an individual is either intoxicated or incapacitated is largely relative. "Intoxication" implies that the mental and motor senses have been "substantially impaired" because of alcohol. Here, "substantially" is defined as "to a large degree." It follows, therefore, according to this definition, that an intoxicated person should manifest a large degree of impairment in his mental and physical functions such as calculating, writing, reasoning, speaking, walking, and seeing. However, if after consuming a quantity of alcohol a person exhibits a relatively lesser degree of sense-deterioration, then that individual cannot be considered as being intoxicated. It must be borne in mind that, under the terms of the Act, a substantial or high degree of impairment must be present before an individual may begin the processing sequence as an intoxicated person. "Incapacitation," on the other hand, describes the condition of a person who because of the consumption of alcohol "is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment." It is fully recognized that unless an incapacitated person is unconscious due to his use of alcohol, applying the definition of "incapacitated by alcohol" presents some difficulty and requires a police officer to exercise sound judgment.	Display V-7

Body of Instruction	Instructor's Notes

Applying the test of relativity in an effort to evaluate an individual's condition which has resulted from the consumption of alcohol is perhaps the best method of determining whether that person is incapacitated. It is axiomatic that all persons incapacitated from alcohol are also intoxicated persons. However, whereas an intoxicated person evidences substantial mental or physical impairment, to be considered as incapacitated, an individual must manifest a more than substantial impairment of his senses. In other words, the incapacitated person must, in the eyes of the evaluator, exhibit a greater or larger degree of impairment than a person who, according to the same evaluative criteria, would be judged as intoxicated. Also, statistics have borne out the fact that only a small minority of intoxicated persons are found to be "incapacitated" in the sense that the term is used in the Act.

It should be noted that the Uniform Act's definition of "incapacitated by alcohol" addresses only two conditional elements, i.e., unconsciousness or impairment of judgment. Although unconsciousness, extreme incoherency, and a dazed or stupefied demeanor are easily and quickly ascertained, determination of the second element, "impairment of judgment," is largely a mental condition and is not readily discernable. Because of this latter circumstance, the police officer must examine the

Body of Instruction	Instructor's Notes

person concerned in more detail. To do so, the officer should request the subject to undergo a simple test such as one which would permit observation of the subject's balance or coordination. However, should the subject of the proffered test refuse to submit to such an examination—which he may lawfully do—then the officer must resort to his own best judgment and proceed accordingly.

The Act, itself, recognizes that there is no absolute method by which a person may be judged as being either intoxicated or incapacitated. This fact is borne out in the language of the Act by employing the indeterminate phrases "...appears to be intoxicated..." and "...appears to be incapacitated.."

By not using the positive phrases "...is intoxicated..." and "...is incapacitated...," the Act takes note of the dilemma which may face the law enforcement officer as he attempts to determine to what degree an individual has been affected by the consumption of alcohol. In other words, the wording of the Act does not state that the officer must be correct in his determination of a person's condition (intoxicated or incapacitated); it implies, however, that the officer should exercise his best judgment.

2. After Determining an Inebriate's Condition. After a determination of an inebriate's condition (intoxicated or incapacitated) has been made, the law enforcement officer

Body of Instruction	Instructor's Notes
is committed to a series of continuing actions which are governed by the condition assigned to the subject by the officer. Next, I would like to discuss how these actions or duties should be accomplished.	
Prior to setting forth these duties, however, two important considerations concerning the Act should be mentioned:	Display V-8
• First, the provisions of the Act do not differentiate between juvenile or adult inebriants. Therefore, the actions that a law enforcement officer takes in the case of an adult may, under similar circumstances, be taken with a juvenile, and	
• Second, the provisions of the Act, in the form that receives state legislative approval for enactment may differ from state to state. Accordingly, individual state statutes should be reviewed closely to determine whether variations exist between the model law and the respective state acts. My discussion will relate to the Act's provisions as they appear in the original text, without variation or change. Necessarily, of course, state law applicable in the jurisdictional area of concern will in all cases take precedence over provisions of the model act.	Place emphasis on underlined portion of script

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Body of Instruction	Instructor's Notes
Actions which may be taken with respect to an intoxicated person may be initiated only if that person appears to be in need of help. Once the law enforcement officer or emergency service patrol member[7] determines that a person is intoxicated and in need of assistance, the inebriate may, provided he consents, be helped to:	[7]It is suggested that only the police, ambulance personnel, or the emergency service patrol transport intoxicated or incapacitated persons to their home, a treatment center, or an emergency medical service facility, as the case may be. This statement is based on Section 17 of the Act which indicates that members of the emergency service patrol are trained to give assistance to public inebriates and provide first aid in emergencies. Allowing only the personnel mentioned to transport inebriates will help to avoid possible liability (should a police officer request or designate a private citizen or other person to transport a drunken person) for an injuries that intoxicated or incapacitated person might sustain during the time they are being transported.

Body of Instruction	Instructor's Notes
• His home,[8] • An approved public treatment facility, • An approved private treatment facility, or • Another health facility; or, if permitted by state statute, • Placed in protective custody in a detention facility	[8]To include habitat, house, domicile such as motel, hotel, boarding house, or tourist home—especially when the inebriate, who may be a stranger in the area, does not wish to be admitted to a treatment or health facility.
It should be borne in mind that an officer must not attempt to transport or otherwise assist an intoxicated person if that person does not agree to accompany or receive help from the officer. Provided the individual concerned is conducting himself in a lawful manner, and is intoxicated—but not incapacitated—then, under the Act, that person has the right to refuse to be taken to any of the places just mentioned. When the described conditions are met, noncompliance with an officer's offer of assistance is perfectly legitimate and the person concerned should thereupon be left to his own devices.	
**********	
If a law enforcement officer decides that an individual is incapacitated due to alcohol, the officer must place that individual in protective custody[9] and forthwith bring him to an approved public treatment facility. In this instance, there is no requirement for an officer to gain the approval or consent of an incapacitated person before bringing that	[9]Here, no arrest or other record may be made to indicate that the person concerned has been arrested or charged with a crime.

Body of Instruction	Instructor's Notes
person to an approved public treatment facility. In short, the officer must assist an incapacitated person to a public treatment facility, and the incapacitated person must accompany the officer to that facility.[10]	[10]If an officer is called to a private dwelling, he may take the same action with respect to an incapacitated person as would be taken in a public place, i.e., the incapacitated person must be assisted, voluntarily or involuntarily, to an approved public treatment facility.
While transporting an incapacitated person to a treatment facility, the officer should make every reasonable effort to protect the incapacitated person's health and safety. Of course, the officer should also take all reasonable measures to protect himself. This includes the use of handcuffs or other authorized restraining devices if the detaining officer considers such action to be necessary.	
The primary purpose of a police officer's involvement with an incapacitated person is to protect and deliver that person to an authorized facility that has the capability to administer treatment. Although reasonable force may be employed when a recalcitrant incapacitated person is encountered, it is unconscionable to allow or cause an otherwise avoidable injury to be received by an individual who is already beginning (has been placed in protective custody) the process of being treated for another illness.	
**********	
After an incapacitated person is taken into protective custody, the Uniform Act prescribes that he be brought	

Body of Instruction	Instructor's Notes
"...forthwith..." to an approved public treatment facility for emergency treatment. The meaning of "forthwith" is "immediately" and is used to emphasize the promptness with which the incapacitated person must be taken to a place of treatment. To underscore further the necessity for immediate transportation to a treatment center, the Act makes provision for the use of an alternate site if an approved public treatment facility is not readily available.[11, 12]	[11]Here, the Act says, "If no approved public treatment facility is readily available he (the incapacitated person) shall be taken to an emergency medical service customarily used for incapacitat persons." [12]With regard to the ready availability of transportation and because of the transportation requirement levied by the Act, poli officials should empha size the need to appro priate governmental authorities for the establishment of an adequate number of emergency service patrols (rescue teams in the jurisdiction concerned.
Aside from the relative unavailability of transportation, the police officer may be confronted with another obstacle in his attempt to bring <u>forthwith</u> an incapacitated person to an approved public treatment facility. In this case, the	

Body of Instruction	Instructor's Notes
obstacle is presented in the form of an overcrowded treatment facility which has no available space for the accommodation of the inebriate. It is possible, too, that this obstacle may become evident when hospital (emergency medical service) personnel contrive to prevent the admission of or arbitrarily refuse admission to an incapacitated person[13] who has been brought to the facility by a police officer.	[13]In the sense of Public Law 93-282 (Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974), both actions are unlawful.
In the former instance (overcrowded conditions), the Act makes provision for transportation of the incapacitated person to a substitute site.[14] If the substitute site has also reached its capacity, then the next most available emergency treatment center should be contacted. This procedure should be repeated until it is no longer logical to continue. Failing in a concentrated attempt to secure admission for the incapacitated person at an approved facility, the detaining officer should make every reasonable effort to find a location where it is probable that the individual concerned will be afforded the best possible treatment under the circumstances, i.e., a recognized clinic, the individual's home, or a physician's office.	[14]See note #11
In the case of an emergency medical service facility or hospital refusing admission to an incapacitated person for	

Body of Instruction	Instructor's Notes
no apparent reason or on grounds other than those we have just discussed,[15] a law enforcement officer can do little except refer the matter to the state division of alcohol, either directly or through local channels. However, although after-the-fact and not of immediate assistance to either the police officer or incapacitated person concerned, once such information or complaint reaches the federal level and is found to be valid, there are certain sanctions that may be levied against the hospital in question.	[15]Except that after undergoing a medical examination the person concerned is found not to be incapacitated and is not admitted for that reason. In this instance, the person may be referred to another treatment facility, or if he has no funds he may be taken to his home. In any event, it is incumbent upon treatment facility personnel to assist the individual in finding shelter.
In this respect, Section 121.(a) of Public Law 93-282[16]	[16]"Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974."
amends Section 321 of Public Law 91-616,[17] in part, as follows (I quote):	[17]"Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970."
Sec. 321. (a) Alcohol abusers and alcoholics who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their alcohol abuse or alcoholism, by any private or public general hospital which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.	

Body of Instruction	Instructor's Notes

(b)(1)...If the Secretary determines that a hospital subject to such regulations has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the officials responsible for the administration of any other Federal program from which such hospital receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital.

Although a situation brought about by the arbitrary decision of hospital personnel to deny admission to alcohol abusers or alcoholic persons suffering from medical conditions is disconcerting and frustrating to law enforcement personnel, it points up a situation in the community that requires attention and rectification.

The chief of police or other appropriate law enforcement official should, on his own initiative, take immediate steps to ameliorate the conditions responsible for the actions of

Body of Instruction	Instructor's Notes

the personnel involved. Every effort should be made to insure that emergency medical service personnel understand the provisions of the Act, Public Law 91-616, and Public Law 93-282, as well as the reason for bringing public inebriates to a hospital.

Measures should be introduced in the community designed to nurture a spirit of cooperation between medical personnel and the police. Recourse to legal sanctions, although proper, sometimes fosters misunderstandings and generates feelings detrimental to harmonious relations. For these reasons, it is far better to arrive at a solution devised by the principals rather than receive direction from an outside agency.

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In general, the law enforcement officer is considered to have fulfilled his obligation as outlined in the Uniform Act after he has assisted an intoxicated or incapacitated person to an approved public treatment facility, emergency medical service, or other specified destination. Of course, if an individual being escorted becomes intractable once he has been admitted for treatment, the escorting law enforcement officer should lend that assistance necessary to preserve order.

Body of Instruction	Instructor's Notes
3. Searching Intoxicated or Incapacitated Persons. With respect to search and seizure, the Fourth Amendment to the Constitution reads in part, "...the right of the people to be secure in their person, houses, papers, and effects against unreasonable searches and seizures shall not be violated." In other words, this Amendment protects all citizens against searches and seizures having no legal basis or which are not carried out according to law. Also, before conducting a search of the person of an individual who is intoxicated or incapacitated, the police officer must understand the following terms: • Frisk - a cursory search of a suspicious person for weapons large enough to be detected through clothing. • Field Search - a more detailed search of an arrested person in which every square inch is covered and both weapons and evidence are removed. In the field search, the officer may go inside the prisoner's clothing to remove objects which might be used as a weapon or which might have evidentiary value. • Strip Search - a thorough examination of a prisoner and his clothing in which his clothing is removed, body openings probed, and all clothing carefully scrutinized.	Display V-9

Body of Instruction	Instructor's Notes

The Uniform Act does not alter statutes which permit a police officer to conduct a frisk. In jurisdictions having "stop and frisk" statutes, a law enforcement officer may halt any individual, even if that person is not intoxicated or incapacitated, provided the officer has reason to believe the presence of criminal activity. Further, the officer may also conduct a frisk of the individual, if the officer has reason to believe that the person concerned is armed and dangerous. However, in the event a police officer, apart from any other action, only helps an intoxicated person to a treatment facility or other authorized destination, or places an incapacitated person in protective custody, the conduct of a frisk is generally not authorized.

It must be remembered that assisting an intoxicated person or taking an incapacitated person into protective custody does not constitute an arrest and does not authorize the carrying out of either a field search or a strip search. As opposed to a frisk, an arrest must be made or a warrant secured before the field search or the strip search may be executed.

4. Arresting Intoxicated or Incapacitated Persons. There are instances, of course, when intoxicated or incapacitated persons should be arrested. Even though it is preferable to substitute a treatment center for a

Body of Instruction	Instructor's Notes
detention facility, there are times when an arrest is not only necessary but mandatory. The police officer should arrest (and search) intoxicated or incapacitated persons in situations of the type shown on this transparency:	Display V-10
• Are endangering other persons or property • Have committed a criminal offense (to include those involving a vehicle, such as driving while intoxicated, operating under the influence, drunken driving, driving under the influence) • Are under the combined influence of alcohol and drugs, or • May be too violent for medical personnel to control	Discuss, but do not read portion of script displayed on V-10.
Although incarceration generally follows arrest for persons involved in the situations just mentioned, medical attention sometimes may be necessary in order to evaluate their physical condition, i.e., that they are suffering from the effects of alcohol and not reflecting the symptoms of some other disease or illness. In such situations, every effort should be made to take the arrested person to an emergency treatment center for evaluative purposes prior to detaining him in jail. In any event, the arrestee should be subjected to a medical checkup as soon as possible after being taken into custody.	

Body of Instruction	Instructor's Notes

It must be realized that many inebriates are sick, often from the effects of alcohol as well as other disorders. Only a person with medical training and experience is capable of determining the type of sickness that is present. In the history of many jails is the incident of the drunk who was left in a cell overnight to "sleep off" his overindulgence, only to be found dead on the following morning. In most cases, a death of this sort can be attributed to the jailing of an inebriate or one thought to be an inebriate without benefit of a medical examination.

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As mentioned previously, although an intoxicated or incapacitated person may by his actions be guilty of disorderly conduct, drunkenness, by itself, does not constitute disorderly conduct under the Act. In commenting on Section 1 of the Act, the National Conference of Commissioners on Uniform State Laws stated, in part, that "The normal manifestations of intoxication—staggering, lying down, sleeping on a park bench, lying unconscious in the gutter, begging, singing, etc.—will therefore be handled under the civil provisions of this Act and not under the criminal law."

Even though it is well established that a police officer may arrest an intoxicated or incapacitated person who is acting

Body of Instruction	Instructor's Notes
in a disorderly manner, a disorderly conduct charge should never be substituted for the revoked offense of public intoxication. In other words, before an intoxicated or incapacitated person may be arrested for disorderly conduct the elements of that offense must be present. Whether the elements of the crime of "disorderly conduct" are present in the act(s) of an intoxicated or incapacitated person often requires that a prudent value judgment be made by the police officer concerned. Jurisdictional variances, legal precedent, and local practices also contribute to the difficulty of presenting a precise definition of the crime. For these reasons, unless local statutes dictate otherwise, a police officer should be guided by the definition of "disorderly conduct" shown on this transparency:[18]	Display V-11 [18]"A term of loose and indefinite meaning (except as occasionally defined in statutes), but signifying generally any behavior that is contrary to law, and more particularly such as tends to disturb the public peace or decorum, scandalize the community, or shock the public sense of morality."

Body of Instruction	Instructor's Notes

C. Criminal or Civil Liability of the Law Enforcement Officer

The drafters of the Uniform Act gave special attention to the difficulty facing a police officer in his effort to determine whether a particular person is, in fact, incapacitated. As a result, a provision was inserted into the Act which protects the officer in the event his evaluation, made in good faith, is found later to be incorrect.

In this respect, Section 12 of the Act states clearly that police (or members of the emergency service patrol) who act in accordance with this section "...are acting in the course of their official duty and are not criminally or civilly liable therefor." It then follows that if an officer, in good faith, determines an individual to be incapacitated, places the individual in protective custody, and, later, the officer's decision is found to be wrong, then the officer concerned is neither criminally nor civilly liable for false arrest or imprisonment. However, it should be remembered that the Act employs the phrase "reasonable steps" when speaking of measures to be used in an officer's self-protection. To insure further against the possibility of a criminal or civil liability charge being lodged against him, an officer must never resort to the use of excessive force.

Display V-12

Body of Instruction	Instructor's Notes
D. Special or Unusual Circumstances There may be instances when an officer acting under the provisions of the Uniform Act will be confronted with special or unusual circumstances which present a problem that has no readily apparent solution. In these instances, if exigent action is required, the officer has no alternative; he must act according to his own best judgment. If, on the other hand, there is time to predict the occurrence of a special or unusual situation—or if it is known in advance that a particular incident will occur—then assistance in the form of advice can be received from a number of sources. If information is sought concerning the legality of pursuing a certain course of action, a query should be directed toward the law enforcement agency's legal advisor. In agencies not having an assigned or part-time legal officer, the item in question should be presented to the city or county attorney for resolution and guidance. If the issue being considered pertains to an administrative or technical interpretation of the Act's provisions, the matter should be referred to the governor's designated state alcoholism agency, or to its branch office if appropriate. For reference purposes, a listing of state alcoholism authorities and program contacts has been	Display V-13

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

IMPLEMENTATION INCONSISTENCIES AT VARIOUS JURISDICTIONAL LEVELS

- STATE LEVEL
- COUNTY LEVEL
- MUNICIPAL/URBAN
- COMMON INCONSISTENCIES

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

HIGHLIGHTS OF THE UNIFORM ACT

- DEFINITIONS
- ESTABLISHMENT OF TREATMENT PROGRAM
- TYPES OF PROBLEM DRINKERS

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

OBTAINING TREATMENT

- AN ALCOHOLIC PERSON MAY APPLY VOLUNTARILY DIRECTLY TO AN APPROVED PUBLIC TREATMENT FACILITY.

- AN INTOXICATED PERSON MAY ALSO COME VOLUNTARILY TO AN APPROVED PUBLIC TREATMENT FACILITY OR, PROVIDED HE AGREES TO BE HELPED, MAY BE ASSISTED BY THE POLICE OR EMERGENCY SERVICE PATROL PERSONNEL TO HIS HOME, AN APPROVED PUBLIC TREATMENT FACILITY, AN APPROVED PRIVATE TREATMENT FACILITY, OR OTHER HEALTH FACILITY.

- AN INCAPACITATED PERSON MUST BE BROUGHT BY THE POLICE OR EMERGENCY SERVICE PATROL PERSONNEL TO AN APPROVED PUBLIC TREATMENT FACILITY.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

OBTAINING TREATMENT

- PETITION FOR INVOLUNTARY COMMITMENT OF AN ALCOHOLIC PERSON
- CONFIDENTIALITY OF RECORDS
- ESTABLISHMENT, TRAINING, AND CONDUCT OF EMERGENCY SERVICE PATROLS

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

DECRIMINALIZATION OF DRUNKENNESS AS AN OFFENSE

"...ALCOHOLICS AND INTOXICATED PERSONS MAY NOT BE SUBJECTED TO CRIMINAL PROSECUTION BECAUSE OF THEIR CONSUMPTION OF ALCOHOLIC BEVERAGES BUT RATHER SHOULD BE AFFORDED A CONTINUUM OF TREATMENT IN ORDER THAT THEY MAY LEAD NORMAL LIVES AS PRODUCTIVE MEMBERS OF SOCIETY."

-SECTION 1, UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

COPING WITH THE INEBRIATE: POLICE ACTIONS

- AT FIRST SIGHT: DETERMINATION OF SUBJECT'S CONDITION

  IS THE SUBJECT-

  - INTOXICATED?
  - INCAPACITATED?
  - NEITHER INTOXICATED NOR INCAPACITATED, BUT HAS BEEN DRINKING?
  - THE VICTIM OF AN ACCIDENT?
  - UNDER THE INFLUENCE OF NARCOTICS OR DRUGS?
  - AFFECTED BY AN ILLNESS OR PHYSICAL DISTURBANCE IN WHICH THE EXTERNAL SYMPTOMS ARE SIMILAR TO THOSE EXHIBITED BY AN INDIVIDUAL UNDER THE INFLUENCE OF ALCOHOL?

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

COPING WITH THE INEBRIATE: POLICE ACTIONS

- AT FIRST SIGHT: DETERMINATION OF SUBJECT'S CONDITION.
  - INTOXICATED PERSON: A PERSON WHOSE MENTAL OR PHYSICAL FUNCTIONING IS SUBSTANTIALLY IMPAIRED AS A RESULT OF THE USE OF ALCOHOL.
  - INCAPACITATED BY ALCOHOL: A PERSON, AS A RESULT OF THE USE OF ALCOHOL, IS UNCONSCIOUS OR HAS HIS JUDGMENT OTHERWISE SO IMPAIRED THAT HE IS INCAPABLE OF REALIZING AND MAKING A RATIONAL DECISION WITH RESPECT TO HIS NEED FOR TREATMENT.

* * * * *

NO ABSOLUTE METHOD OF DETERMINING INTOXICATION OR INCAPACITATION.

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

COPING WITH THE INEBRIATE: POLICE ACTIONS

- AFTER DETERMINING AN INEBRIATE'S CONDITION
  - JUVENILE INEBRIATES
  - DIFFERENCES IN STATE LEGISLATION REGARDING IMPLEMENTATION OF THE UNIFORM ACT
  - ACTIONS CONCERNING INTOXICATED PERSONS
  - ACTIONS CONCERNING INCAPACITATED PERSONS
    - . MEANING OF "FORTHWITH"
    - . OVERCROWDED TREATMENT FACILITY
    - . DENIAL OF ADMITTANCE
  - INTRACTABLE INTOXICATED OR INCAPACITATED PERSONS

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

COPING WITH THE INEBRIATE: POLICE ACTIONS

- SEARCHING INTOXICATED OR INCAPACITATED PERSONS
  - FOURTH AMENDMENT, U.S. CONSTITUTION
  - TYPES OF SEARCHES
  - "STOP AND FRISK" STATUTES

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

COPING WITH THE INEBRIATE: POLICE ACTIONS

- ARRESTING INTOXICATED OR INCAPACITATED PERSONS

THE POLICE OFFICER SHOULD ARREST (AND SEARCH) INTOXICATED OR INCAPACITATED PERSONS WHEN THEY:

- ARE ENDANGERING OTHER PERSONS OR PROPERTY
- HAVE COMMITTED A CRIMINAL OFFENSE (TO INCLUDE THOSE INVOLVING A VEHICLE, SUCH AS DRIVING WHILE INTOXICATED, OPERATING UNDER THE INFLUENCE, DRUNKEN DRIVING, DRIVING UNDER THE INFLUENCE)
- ARE UNDER THE COMBINED INFLUENCE OF ALCOHOL AND DRUGS
- MAY BE TOO VIOLENT FOR MEDICAL PERSONNEL TO CONTROL

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

COPING WITH THE INEBRIATE: POLICE ACTIONS

- ARRESTING INTOXICATED OR INCAPACITATED PERSONS

DISORDERLY CONDUCT

"A TERM OF LOOSE AND INDEFINITE MEANING (EXCEPT AS OCCASIONALLY DEFINED IN STATUTES), BUT SIGNIFYING GENERALLY ANY BEHAVIOR THAT IS CONTRARY TO LAW, AND MORE PARTICULARLY SUCH AS TENDS TO DISTURB THE PUBLIC PEACE OR DECORUM, SCANDALIZE THE COMMUNITY, OR SHOCK THE PUBLIC SENSE OF MORALITY."

-BLACK'S LAW DICTIONARY

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

CRIMINAL OR CIVIL LIABILITY OF THE LAW ENFORCEMENT OFFICER

"SECTION 12(g). THE POLICE OR MEMBERS OF THE EMERGENCY SERVICE PATROL WHO ACT IN COMPLIANCE WITH THIS SECTION (CONCERNING THE DECISION AS TO WHETHER A PERSON IS INCAPACITATED BY ALCOHOL OR BECAUSE OF SOME OTHER REASON) ARE ACTING IN THE COURSE OF THEIR OFFICIAL DUTY AND ARE NOT CRIMINALLY OR CIVILLY LIABLE THEREFOR."

-UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

THE POLICE ROLE

SPECIAL OR UNUSUAL CIRCUMSTANCES

- SOURCES OF ASSISTANCE
  - LEGAL ADVISOR
  - ATTORNEY FOR JURISDICTION INVOLVED
  - STATE OR BRANCH OFFICE OF STATE ALCOHOLISM AGENCY

LESSON VI

UNIFORM ALCOHOLISM AND INTOXICATION
TREATMENT ACT

LAW ENFORCEMENT GUIDELINES
INSTRUCTOR'S MANUAL

ADMINISTRATIVE OUTLINE
(Lesson Plan VI)

Lesson Title:	Implementation Planning and Training Considerations
Course:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines
Scope:	To provide the student with a background knowledge of planning fundamentals and training methods for use in the development of law enforcement plans and training programs associated with implementation of the Uniform Act.
Instructor's References:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines, pp. 77-98, Appendices A, B, L
Student's References:	Same as instructor's reference material
Time Required:	35 minutes
Training Aids:	Required: Overhead projector Transparencies VI-1 through VI-9 Optional: Chalkboard

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES

LESSON PLAN VI

IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

Body of Instruction	Instructor's Notes
I. Plans and Planning	
A. General	
Planning as well as the preparation of plans is essential to the completeness and success of any worthwhile law enforcement program. Specifically, planning is a continuous action which follows a logical and progressive series of steps (the planning sequence) required to develop a plan. A plan, on the other hand, is a method or proposal for establishing and maintaining a program—it is part of the planning process.	
B. Planning	Display VI-1
1. Planning Sequence. The term "planning sequence" refers to the progression of actions required to devise a plan. Each sequential rung in the planning ladder should attempt to anticipate all developments and ramifications that may impact on the program under consideration. Inherent in the law enforcement planning sequence for implementation of the Uniform Act are the following consecutive steps:	

Body of Instruction	Instructor's Notes
• Forecasting. The analysis and evaluation of trends and facts to determine probable commitments and predict developments concerning the Act's impact on the community. Assumptions are fundamental to forecasting and are generally associated with all of the steps which comprise the planning sequence.	
• Evaluating probable commitments and establishing priorities for planning tasks. This step involves an examination of assumptions and commitments which have been predicted to determine not only their probability of occurrence, but also their probable sequence of occurring.[1]	[1]Inherent in the completion of this step is the requirement for accurate data collection and statistical analysis, i.e., when and where do public inebriates congregate, why do they gather in a particular area, etc.?
• Studying the implications and mutual relationships of predicted commitments to determine goals and objectives. This step results in the determination of desirable objectives so that a comprehensive mission statement[2] may be articulated.	[2]Inherent in the mission statement is an implied task(s) which, together with the purpose, clearly identifies the action to be taken and the reason therefor. It is incumbent upon th head of the law enfor ment agency concern to establish and clar departmental policy with regard to imple menting the provisio

Body of Instruction	Instructor's Notes
	of the Act (as adopted by the state in question) as they pertain to police involvement. Once policy is established and the mission is outlined, the resultant task(s) should then be deduced and assigned accordingly.

- Examining the mission statement to determine tasks. Here, specific tasks are decided upon and described.

- Developing guidance. In this step, planning guidance is determined for each task that is contained in or implied by the mission statement. Planning guidance generally emanates from the following four sources:

  1. Oral guidance from the program (alcoholic rehabilitation) director or agency (law enforcement) head.

  2. Policy statements from the program director or agency head.

  3. Directives and special instructions from agencies and offices connected with program development.

  4. Standing Operating Procedures (SOP)

- Preparing planning studies. This step is concerned with producing planning studies which pinpoint and analyze the key factors impacting upon program accomplishment.

Body of Instruction	Instructor's Notes

- Selecting the best approaches. Completion of this step should result in a description of the approaches or methods best suited for and most likely to ensure the attainment of stated goals and objectives. Only those courses of action that offer reasonable assurances of success need be considered; however, sufficient courses should be described in order to provide alternatives and flexibility.

- Preparing complete plans. This step is concerned with the preparation of a complete plan for each method of program accomplishment that has survived the test of feasibility and reasonability.

- Practicing. This step may or may not be taken, depending upon the time required, facilities available, and need for rehearsal. If a rehearsal appears impractical, then implementation training in appropriate areas of the Act should be substituted.

2. Agency Planning Organization. The heads of law enforcement departmental divisions (patrol, criminal investigation, support services, administrative, etc.) may be considered as constituting the staff of the police chief, sheriff, or state police superintendent concerned. There are four fundamental ways in which this staff and/or other agency members may be organized for planning purposes.

Display VI-2

Body of Instruction	Instructor's Notes

- Current Organization. Using the existing organization without changing its structure is probably the most preferable method. Here, each staff member or divisional head provides input to the plan, but remains in his regular assignment and office. Coordination is accomplished with other levels of staff and command by correspondence or through visits.

- Permanent Planning Office. Following this method, a specially formed planning office is charged with performing all of the planning—primarily long-range—for the agency. This configuration allows the regular divisions and staff sections to concentrate on short-range planning requirements and current operations. The presence of a permanent planning officer is particularly useful during intense current operations when regularly assigned operational personnel have little time for planning or when current and future operations are not closely connected. Drawbacks to this method of satisfying the planning functions are the requirements for additional personnel and facilities.

- Temporary Planning Office. Often referred to as the ad hoc committee method, this manner of establishing a planning body is employed generally to resolve a

Body of Instruction	Instructor's Notes

particular problem or develop a specific plan. Ad hoc committees are staffed by personnel drawn from the agency concerned. Since, during the life of the ad hoc committee, these individuals are unable to devote full attention to their primary functions, resort to this method should be made only to relieve a staff from overextending itself or when a special planning effort is required.

- Combination of Methods. The various ways in which an agency may combine its resources using the methods just described are readily apparent. For example, a planning section could be assembled to work on matters of common interest. Then, after the various tasks are completed, the members of the section would return to their normal assignments to prepare their assigned portions of the complete plan within the framework of the existing organization.

C. Plans

1. Characteristics of a Plan. In the police planning process, a plan represents a law enforcement agency's preparation:

- In a particular area
- To accomplish a specific program

Body of Instruction	Instructor's Notes
In the case of planning for police implementation of the Uniform Act, the particular area is that of providing assistance to inebriates. The specific program to be accomplished is to participate in and cooperate with alcohol education and treatment programs. Plans may be oral or written; they are kept current by subjecting them to a continuous system of estimates, analyses, and studies as provided for in the overall planning process. A plan must describe a particular best approach toward the attainment of an objective and it must outline the best means for attaining that objective. A well-structured plan:	Display VI-3
• Provides for program accomplishment—the basis for all planning. • Is based on facts and/or a minimum of well-grounded assumptions. • Uses existing resources to realize its objective. • Structures the organization necessary to accomplish the program, establishes relationships, and assigns responsibilities. • Establishes continuity of operations, i.e., describes the organization, material, personnel, and other	

Body of Instruction	Instructor's Notes

means which are needed to carry the program throughout its lifetime.

- Provides for decentralization and delegation of authority within reasonable bounds of control.
- Authorizes direct contact between various staff and command levels necessary for program attainment.
- Is simple—it eliminates nonessential elements and possibilities which may lead to misunderstandings.
- Describes alternate approaches and ensures flexibility by allowing for necessary adjustments.
- Provides for control procedures which channel the plan's execution in consonance with stated policy.
- Provides for external and internal coordination by ensuring continuity of effort, completeness of control measures, and adequacy of support requirements.

2. Standing Operating Procedure (SOP). Although not a plan in the strict sense of the word, an SOP outlines planned action which, when initiated, offers an individual(s) the best approach toward the objective for which the SOP was designed. The purpose of an SOP is to describe those procedures which are essential and peculiar to the particular operations or task being addressed. An SOP

Display VI-4

Body of Instruction	Instructor's Notes

lists, preferably in chronological order, those methods which are employed habitually to accomplish routine or recurring actions. The use of SOPs:

- Reduces the number and types of other directives
- Simplifies training
- Enhances understanding and teamwork among other divisions or sections within an organization
- Apprises newly assigned personnel of the procedures to follow under a certain set of circumstances
- Facilitates efficiency and expedites operations
- Reduces the possibility of error, omission, and confusion
- Simplifies the preparation, promulgation, and execution of other directives

Written SOPs are exceptionally well-suited vehicles to use in establishing the procedures to be followed in the handling of intoxicated and incapacitated persons according to the provisions of the Uniform Act. Today, whether due to oversight, lack of interest, or ineptness, there are law enforcement agencies operating under the Act which have not set forth written instructions on processing the public inebriate. The SOP is not merely a desirable document to have, it is a necessary document—necessary if a police department wishes to reach its objective of providing

Body of Instruction	Instructor's Notes

assistance to the alcoholic person as provided for in the Uniform Act.

An SOP should be detailed and exact. If the writer considers some point too insignificant or too well-known to include in an SOP, it is most likely that the point being considered is the one that, if omitted, would render the entire directive useless. The premise that "everyone knows that this (or that) should be done now (or then)" is erroneous; it is to validate this proposition that the SOP is needed and should be developed.

In police parlance, SOPs are sometimes referred to as procedural plans. Later, we will discuss procedural plans in more detail.

3. Method of Publication and Issuance. (a) Organizational direction may be defined as the method used to guide or regulate the personnel and other resources of an agency. Direction is accomplished primarily by the publication and issuance of directives (general orders, SOPs, special orders, training bulletins, memoranda), by periodic staff conferences, and by interpersonal relationships between superiors and subordinates.

Display VI-5

The department's administrative or planning section should have overall coordination responsibility for the preparation

Body of Instruction	Instructor's Notes

and issuance of all written directives. Of course, sections having the primary interest in any particular directive should have general responsibility for the directive's content, i.e., general responsibility for the publication of training bulletins should fall within the purview of the training section.

Written directives should be used in preference to oral direction whenever feasible since they have the quality of permanence and the wording of such directives remains unchanged over periods of time. Written directives are less subject to misinterpretation since they are disseminated to personnel throughout the department, divisions, or units, as the case may be.

(b) Uniformity in the general format of orders promotes readability and aids individual understanding of the contents. It is indicative of an orderly and systematic approach to management direction.

Each directive should be coded so that related orders can be assembled in separate sections of a general duty manual. This manual should contain all general orders in a codified form, SOPs, and existing rules and regulations. The manual should also contain an alphabetical index, a control code index, and a lettered section index. All personnel should receive copies of written directives and should be

Body of Instruction	Instructor's Notes

held responsible for keeping them up-to-date in their own general manual and for carrying out the provisions of all applicable directives. The manual should be separated into subject matter by sections, such as: administration, personnel, training, operations, services, public relations, liaison, and legal.

(c) Control of the issuance and retention of written directives requires that each member of the department be given a personal copy of each such order as it is issued. A master list of all members and employees of the department should be prepared for each directive and each person should be required to sign for his copy upon receipt. When the list has been completed, it should be returned to the planning or administrative section for retention in the files of that unit. Personnel should be required to update their manuals as necessary, and manuals should be inspected from time to time to insure that they are current.

D. Jurisdictional Planning

Display VI-6

In addition to the conduct of planning activities within the law enforcement agency itself, the agency head should ensure that his department participates in jurisdictional planning. To a police chief, jurisdictional planning has three connotations: the term may refer to:

Body of Instruction	Instructor's Notes
• Interagency planning among law enforcemeng agencies which are geographically close, or operate generally within the same geographical boundaries, or participate jointly under a mutual aid agreement, or which should operate together in a combined or regional police effort; • Agency planning responsibilities connected with police or other regional or state planning agencies; or • Cooperative agency planning with other governmental agencies or subdivisions within the jurisdiction of interest.	
1. Cooperative (Joint) Agency Planning. Cooperative agency planning and Uniform Act implementation should be closely coordinated, especially where law enforcement agencies, health departments and facilities, and the state division of alcoholism are concerned. In this respect, special attention should be given to Section 5[3] of the Uniform Alcoholism and Intoxication Treatment Act which addresses the duties of the state agency responsible for planning activities with regard to alcoholism. Police executives should become familiar with the contents of this section because it contains a number of subsections[4] which are of particular interest to police agencies involved in planning activities related to the Act and its impact on law enforcement operations.	Display VI-7 [3]See Appendix B, The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines [4]The pertinent subsections are: (1), (2), (3), (4), (7), (9), (10), (14), and (15)

Body of Instruction	Instructor's Notes

It is incumbent upon the state division of alcoholism to initiate the development of state, regional, and local plans in implementation of the Uniform Act's provisions. Also, according to the Act, cooperative and coordinative efforts should be initiated by the respective state division of alcoholism. However, in the interests of furnishing effective police support to the community, law enforcement authorities should ensure that planning programs involving the delivery of police services are, in fact, initiated and sustained.

What has just been stated should not be construed as implying that police officials should encroach on the planning domain assigned to others. Neither is it meant to infer that the police assume additional responsibilities—it is meant, however, to emphasize the need for police initiative and involvement necessary to the success of jurisdictional planning attendant to the enactment of the model law.

Also, as mentioned previously, sometimes law enforcement authorities are not given sufficient voice in or accorded adequate representation on jurisdictional alcoholism planning boards or commissions.[5] It is in instances such as these, potential or real, that the law enforcement official concerned must express his views relative to police participation in the planning effort.

[5]Some state, regiona and local alcoholism plans make little or reference to the law enforcement role wh is so essential to the success of alcohol treatment programs.

Body of Instruction	Instructor's Notes
2. Agency Planning. Planning activities carried on within a police department fall generally within two categories: • Administrative planning refers to the development of plans concerned with providing direction and support. Administrative planning should be designed to expedite operational functions and should deal primarily with management type plans addressing subjects such as fiscal matters, budgeting, and records-keeping. Generally, administrative plans are long-range in nature and are based on operational requirements. • Operational planning refers to the development of plans that outline courses of action to be taken to accomplish a particular commitment or satisfy a specific requirement. Operational planning implies the formulation of a plan of action—either short- or long-range, and encompasses tactical, procedural, and specific operational planning. In a law enforcement agency, planning activities associated with responsibilities emanating from enactment of the model law would be categorized as operational planning. 3. Operational Planning and the Uniform Act. Of the three general categories of operational plans (tactical,	Display VI-8

Body of Instruction	Instructor's Notes

procedural, and special operational plans), the procedural plan—established as the approved method of operation under given conditions or set of circumstances—is the type that should be developed to set forth the manner of accomplishment for departmental objectives relative to police duties and responsibilities under the Uniform Act. The operational plan should prescribe the vehicle to be used (general order or SOP) in disseminating the plan's content throughout the agency and should contain a copy of the order or SOP.[6] Ideally, the plan should also include a provision for the publication of a small pocket-size brochure which outlines the responsibilities of police officers with respect to the Uniform Act. Until they become familiar with their duties under the Act, police officers could use the pamphlet as a ready reference.

In the plan, emphasis should be given to the following areas, as they pertain to the form in which the Act is adopted by a particular state.[7]

- Determining whether a person is "intoxicated" or "incapacitated."
- Actions upon determining an inebriate's condition.
- The meaning of "transportation forthwith."
- Emergency service patrols (rescue teams).
- Denial of admission to treatment facilities.

[6] In some jurisdictions, the plan is written in the form of an order or SOP so that upon approv it can be published immediately, witho change. This meth saves time and mo as it eliminates the process of transfor ing the plan into an directive, i.e., an der or SOP, before can be distributed implemented.

[7] Emphasize underlined portion of sentence.

Body of Instruction	Instructor's Notes

- Police assistance at a public treatment or emergency medical service facility.
- Use of force.
- Searching intoxicated or incapacitated persons.
- Arresting intoxicated or incapacitated persons.
- "Disorderly conduct" and "private drunkenness."
- Civil or criminal liability of the law enforcement officer.
- Handling of juveniles.
- Legal and administrative assistance available to law enforcement officers.

II. Training

A. General

In contemporary society, the police officer must make decisions that have far-reaching effects on the entire community he serves. It is the virtually unanimous opinion of professional police administrators, civic officials, and informed laymen that improved police service in the United States can come only when police officers are better educated and trained. The purpose of education in the police service is to make the police officer a more fully rounded person with a broader understanding of the social problems with which he comes into contact. The purpose of training is to improve the ability of police officers to make correct decisions and to take appropriate action at the right time.

Body of Instruction	Instructor's Notes

B. Training Program

Instruction in the provisions of the Uniform Act can be injected into all of the following types of training which are fundamental to a well-structured police training program:

- Pre-service training
- Initial recruit training
- Roll-call training
- In-service training
- Advanced or specialized training

Training sessions which are conducted in explanation of and to describe actions to be taken under the provisions of the Uniform Act should be accorded priority according to time available and importance of subject matter. In this latter regard, procedures should be given to those need-to-know areas presented earlier when we were discussing "Operational Planning and the Uniform Act." Later, when time permits, nice-to-know items such as the Act's background and highlights of interest can be discussed.

C. Quality Control of Instruction

Display VI-9

Each police agency should ensure that instructional assignments are handled by competent, knowledgeable individuals and that training materials are updated continually. Addressing these points, Report on Police[8] recommends:

[8]National Advisory Commission on Criminal Justice Standards and Goals, Report on Police (Washington: US Govt. Printing Office, 1973), pp. 409, 410

Body of Instruction	Instructor's Notes

a. Periodic monitoring of the presentations of every police training instructor to assist him in evaluating the effectiveness of his methods and the value of his materials;

b. Rotation of police training instructors through operational assignments or periodic assignment to field observation tours of duty;

c. Use of outside instructors whenever their expertise and presentation methods would be beneficial to the training objective;

d. Continual assessment of the workload of every police training instructor; and

e. Administrative flexibility to insure efficient use of the training academy staff during periods of fluctuation in trainee enrollment.

Although there is some controversy among law enforcement personnel concerning the value and competence of utilizing instructors from without the police department, i.e., nonpolice instructors, instruction concerning the Uniform Act lends itself considerably to the use of outside experts.

Body of Instruction	Instructor's Notes

Departmental opposition to the use of nonpolice instructors is voiced generally because of their well-meaning, but sometimes alleged disorganized and otherwise ineffective lectures. Also, it is felt that the department has little control over the material presented by guest lecturers and that student attention and discipline are often lacking during these sessions. Some police departments hold that material handled by outsiders is considered by the training staff to be either inconsequential or controversial.

The sentiments just described are in direct opposition to those held by progressive police administrators and should not be allowed to interfere with instruction associated with explaining the Uniform Act to law enforcement officers. Police authorities should work toward achieving training objectives by employing all available resources. In this regard, nonpolice instructors are often more proficient in certain areas than police instructors. Often their educational and occupational experience will relate directly to a specific area such as that covered by the Uniform Act. Individuals assigned to state or local alcoholism agencies, attorneys, health and medical personnel, probation officers, psychologists, and laboratory technicians are a few sources of valuable expertise with respect to instruction concerning the model law.

IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

PLANNING

PLANNING SEQUENCE

- FORECASTING
- EVALUATING
- STUDYING
- EXAMINING
- DEVELOPING
- PREPARING STUDIES
- SELECTING
- PREPARING COMPLETE PLANS
- PRACTICING

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IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

PLANNING

AGENCY PLANNING ORGANIZATION

- CURRENT ORGANIZATION
- PERMANENT PLANNING OFFICE
- TEMPORARY PLANNING OFFICE
- COMBINATION OF METHODS

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IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

PLANS

CHARACTERISTICS OF A PLAN

- PROVIDES FOR PROGRAM ACCOMPLISHMENT
- IS BASED ON FACTS
- USES EXISTING RESOURCES
- STRUCTURES THE NECESSARY ORGANIZATION
- ESTABLISHES CONTINUITY OF OPERATIONS
- PROVIDES FOR DECENTRALIZATION
- AUTHORIZES DIRECT CONTACT
- IS SIMPLE
- DESCRIBES ALTERNATE METHODS
- PROVIDES FOR CONTROL
- PROVIDES FOR COORDINATION

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IMPLEMENTATION PLANNING AND TRAINING CONSIDERATION

PLANS

STANDING OPERATING PROCEDURE (SOP)

- OUTLINES PLANNED ACTION
- DESCRIBES NECESSARY PROCEDURES*
- LISTS METHODS TO BE EMPLOYED
- MUST BE DETAILED AND EXACT

*AN SOP IS OFTEN THOUGHT OF AS A "PROCEDURAL PLAN."

THE UNIFORM ALCOHOLISM
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IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

PLANS

METHOD OF PUBLICATION AND ISSUANCE

- ORGANIZATIONAL DIRECTION
- FORMAT
- CONTROL

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

JURISDICTIONAL PLANNING

- INTERAGENCY PLANNING
- AGENCY PLANNING
- COOPERATIVE AGENCY PLANNING

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

JURISDICTIONAL PLANNING

COOPERATIVE (JOINT) AGENCY PLANNING

- SECTION 5. (DUTIES OF DIVISION), UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT
- POLICE RESPONSIBILITY IN JURISDICTIONAL PLANNING ACTIVITIES

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IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

AGENCY PLANNING

- ADMINISTRATIVE PLANNING
  - FISCAL MATTERS
  - BUDGETING
  - RECORDS
- OPERATIONAL PLANNING
  - TACTICAL
  - PROCEDURAL
    - . GENERAL ORDER
    - . SOP

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IMPLEMENTATION PLANNING AND TRAINING CONSIDERATIONS

TRAINING

- TRAINING PROGRAM
- QUALITY CONTROL OF INSTRUCTION
  - PERIODIC MONITORING
  - ROTATION OF INSTRUCTORS
  - USE OF OUTSIDE INSTRUCTORS
  - CONTINUAL ASSESSMENT
  - ADMINISTRATIVE FLEXIBILITY

LESSON VII

UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES INSTRUCTOR'S MANUAL

ADMINISTRATIVE OUTLINE
(Lesson Plan VII)

Lesson Title:	Considerations Concerning the Handling of Intoxicated or Incapacitated Persons
Course:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines
Scope:	To assist the student in recognizing the general behavioral patterns and more common symptoms associated with individuals affected by the consumption of alcoholic beverages, to include a discussion of certain physical conditions and symptoms which resemble those manifested by an intoxicated or incapacitated person
Instructor's References:	The Uniform Alcoholism and Intoxication Treatment Act—Law Enforcement Guidelines, pp. 99-110, Appendices B, I, J
Student's References:	Same as instructor's reference material
Time Required:	25 minutes
Training Aids:	Required: Overhead projector Transparencies VII-1 through VII-10 Optional: Chalkboard

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

LAW ENFORCEMENT GUIDELINES

LESSON PLAN VII

CONSIDERATIONS CONCERNING THE HANDLING OF INTOXICATED OR INCAPACITATED PERSONS

Body of Instruction	Instructor's Notes
I. General	
In probably no other encounter between a law enforcement officer and another individual is there such a diversity of consequences, actual or potential, as may result from a meeting of an officer with an inebriated person. Primary among the numerous reasons for this circumstance is the unexpected or unpredicted behavior that is or may be exhibited by individuals because of their consumption of alcoholic beverages.	
Accordingly, it is necessary for the police officer to become familiar with various displays of atypical conduct and erratic demeanor which may confront him while performing duties in support of police responsibilities connected with the Uniform Act. Presented in this block of instruction, therefore, will be descriptions of some of the more common manifestations of intoxication and incapacitation due to alcohol beverage consumption. Also included will be a discussion of certain physical conditions or behavioral attitudes which resemble those produced by alcoholic	Display VII-1

Body of Instruction	Instructor's Notes
intoxication, but are actually symptoms of other illness or injury.	
II. Process of Intoxication	
When alcohol is swallowed, absorption into the blood is rapid. Alcohol is one of the few substances which the body can absorb directly into the blood stream from the stomach without the process of digestion. Like other foods, however, most of the alcohol quickly enters the blood stream from the intestinal tract. First signs appear from five to 11 minutes after ingestion while the peak level in the blood is observed from one-half to two hours later depending largely upon the volume of alcohol consumed. Within a matter of minutes a balance is attained between the alcohol content of the blood and that of the various organs.	Display VII-2
The rate of entrance of alcohol into the blood stream depends upon the concentration of alcohol swallowed. The higher the alcoholic content, the faster becomes the absorption. The presence of food in the stomach delays the absorption of alcohol into the blood stream. Milk is more effective than any other food in slowing up the rate of absorption. The fat content in milk delays the entrance of alcohol into the small intestine where the most rapid absorption takes place.	

Body of Instruction	Instructor's Notes

After absorption into the blood stream, alcohol passes through the liver, the right heart, the lungs, the left heart, and via the arterial blood-flow to all of the organs of the body.

Display VII-3

III. Alcohol and the Brain

The higher functions of the central nervous system such as judgment, self-criticism, and socially acquired inhibitions are first to be affected by the ingestion of alcohol.

The alcohol in the brain interferes with the efficient transmission of nerve impulses to the muscles and results in erratic muscular response. This impairment may range from a simple and almost unnoticeable decrease in muscular efficiency to complete temporary paralysis. Deterioration of muscular efficiency may be observed first in handwriting, arm steadiness, in speech and in muscular coordination.

The operation of the various sense organs is also affected by the blood alcohol content. A person having a high level of blood alcohol (0.20 percent to 0.30 percent) suffers from diplopia (double vision). However, alcohol concentrations as low as .074 to .124 percent affect visual acuity (sharpness). One effect may be compared to driving with sun glasses at night. The eyes lose their sensitivity to light and stronger illumination is required to distinguish

Body of Instruction	Instructor's Notes
objects. The senses of taste and smell and touch are also impaired. The vital centers are the last to be affected. Those controlling breathing, pulse rate, and blood pressure become impaired when the blood alcohol level reaches approximately 0.40 percent to 0.50 percent. If medical treatment is not obtained, death is likely to result from respiratory failure and shock associated with low blood pressure. Listed on the next series of transparencies are the blood alcohol percentages present in the human body which cause various degrees of intoxication or incapacitation.	Display VII-4 Discuss, but do not read portion of script displayed on VII-4.

Percentage of Alcohol/Probable Result	Probable Condition[1]
0.01%-0.10% Alcohol	Intoxicated[2]
Loss of inhibitions	
Weakening of will power	
Feeling of well-being	
Generosity	
Altered judgment	
Increased good fellowship	
Dulling of attention	

[1]According to Uniform Act definitions and depending upon an individual's rate of absorption, weight, tolerance, and ability to oxidize (burn) or excrete alcohol in the body.

[2]Reactions to alcohol in this stage of intoxication are often influenced by the personality of the individual concerned.

Body of Instruction		Instructor's Notes
Percentage of Alcohol/Probable Result	Probable Condition	
0.10%-0.20% Alcohol	Intoxicated	
Loss of muscular coordination		
Loss of ability to write		
Tremors		
Slurred speech		
Loss of skill performance		
0.10%-0.30% Alcohol	Intoxicated	Display VII-5 Discuss, but do not read portion of script displayed on VII-5.
Dulled or distorted sensibilities		
0.15%-0.35% Alcohol	Intoxicated	
Loss of balance		
0.20%-0.30% Alcohol	Intoxicated	
Double vision		
Difficulty in perceiving -		
form		
motion		
distance		
color		
0.25%-0.40% Alcohol	Intoxicated/ Incapacitated	Display VII-6 Discuss, but do not read portion of script displayed on VII-6.
Apathy		
Inertia		
Tremors		
Loss of reflex action		
Sweating		
Stupor		
Coma		
Dilation of surface capillaries		

Body of Instruction	Instructor's Notes

Percentage of Alcohol/Probable Result	Probable Condition
0.40%-0.50% Alcohol	Incapacitated
Depression of respiration	
Subnormal temperature	
Death	

Alcoholic hallucinosis and delirium tremens are also phenomena experienced by the alcoholic person. These conditions are often complications occurring during the "hangover" stage. Nevertheless, they may also take place during prior stages of inebriation.

IV. Elimination of Alcohol

Display VII-7

Although alcohol is readily absorbed by the human body, the process of elimination is slow. Therefore, when drinks are consumed too rapidly the content of blood alcohol will rise faster than the body can eliminate it. A 150-pound man eliminates alcohol at the rate of about one ounce of 100 proof alcohol or 0.02 percent of blood alcohol per hour.

The body rids itself of alcohol through the processes of oxidation and excretion. Oxidation accounts for about 90 percent and excretion from 2 percent to 10 percent. The process of oxidation occurs primarily in the liver although other body tissues are also involved in this process of changing the alcohol into water and carbon dioxide.

Body of Instruction	Instructor's Notes
Excretion of alcohol may either be by breathing, urinating, or perspiring.	
V. Symptoms Often Mistaken for Drunkenness Determining whether a person is intoxicated or incapacitated because of alcoholic influence or whether he is suffering from another illness or injury often presents a problem to the law enforcement officer. The problem is generated because of the similarity between the symptoms of alcoholic intoxication and those evidenced by other, unrelated illnesses or injuries.	
It is possible for a person to smell of alcohol (either from drinking an alcoholic beverage or because of another, entirely unrelated reason), stagger, appear drunk, or lie unconscious in a seemingly drunken condition, yet be neither intoxicated nor incapacitated because of over-indulgence in alcoholic beverages.	
For these reasons, a law enforcement officer should be familiar with certain of the more common conditions which exhibit bodily signs resembling those associated with drunkenness, as shown on the next two transparencies.	Display VII-8
Diabetes: Diabetics may evidence symptoms closely resembling alcoholic intoxication or incapacitation such as belligerency, slurred speech, staggering, convulsions, and unconsciousness.	

Body of Instruction	Instructor's Notes

Head Injury: Blows or kicks to the head are not easily discernable upon a cursory examination and often result in the presence of symptoms similar to those associated with alcoholic intoxication or incapacitation.

Epilepsy: Epileptics may become violent for short periods of time. Also, they may wander about in a confused state for an extended period of time.

High Blood Pressure: An individual suffering from acute high blood pressure may, from time to time, show signs of irrationality.

Uremia: A disease of the kidney which produces a severe toxic condition—vomiting, convulsions, and coma can result.

Degenerative Diseases and Conditions: Degenerative diseases such as paresis (syphilitic psychoses) and conditions such as senility (senile psychosis) may cause numerous symptoms similar to those produced by alcoholic intoxication.

Apoplexy or Stroke: These conditions are due to interference in the circulation of blood in the brain and can result in confusion, dizziness, vomiting, and unconsciousness.

Body of Instruction	Instructor's Notes

Brain Infections: Brain infections, tumors, abscesses, and other mental conditions may cause behavior abnormalities, convulsions, or unconsciousness.

Carbon Monoxide Inhalation: Poisoning from breathing carbon monoxide gas can cause nausea, dizziness, staggering, coma, and, often, death. A cherry-red coloring of the body usually accompanies the latter progress of this condition.

Narcotic Intoxication: Drug users and addicts may appear to be in a drunken condition, drowsy, or asleep. They harbor delusions of persecution, have poor memories, and lack social and ethical values when deprived of drugs. If the use of drugs has resulted in an overdose, coma and death can result.

In addition to the conditions or symptoms just described, other pathological states have symptoms in common with alcoholic intoxication, such as those shown on this transparency:

Display VII-9

Acetone or Fruity Odor of the Breath

In addition to alcoholic intoxication, this may indicate:

- Concussion of the brain
- Diabetes
- Food poisoning

Body of Instruction	Instructor's Notes

- Stomach cancer
- Stomach ulcer
- Severe migraine headaches

Amnesia or Loss of Memory

In addition to alcoholic intoxication, this may indicate:

- Insanity
- Epilepsy
- Hysteria
- Toxemia (blood poisoning)
- Head injuries

Eye Disorders

Bloodshot eyes, and pupils that do not contract or dilate, have often been used as indicators of alcoholic intoxication. However, particular care should be given to examination of the eyes; witnesses have been known to testify that a glass eye was "bloodshot."

In addition to alcoholic intoxication, bloodshot eyes may indicate:

- Foreign body in eye
- "Pink eye"
- Hay fever or similar allergic disorders
- Sunstroke

Body of Instruction	Instructor's Notes

Flushed Face

In addition to alcoholic intoxication, this may indicate:

- Stroke
- Hardening of the arteries
- Fright
- Shock

The conditions and symptoms just described should be taken into consideration by a police officer whenever he observes an individual behaving in an uncommon manner or lying in an unconscious state. Officers must be alert to the possibility that a person appearing to be intoxicated or incapacitated in the sense of the Uniform Act could be physically or mentally ill.

VI. Alcohol and Crime — Display VII-10

The relationship between criminal acts and alcohol is complex and involved with many other circumstances. It cannot be stated unequivocally that alcohol is a cause of crime. It is true that the ingestion of alcohol may contribute to the commission of criminal acts and cause many problems for the law enforcement officer—one needs only to look at incidents which involve drunkenness such as domestic quarrels, street fighting, or traffic accidents. On the other hand, inebriates, themselves, are often the victims of crimes or accidents. Therefore, if only for the reasons just enumerated:

Body of Instruction	Instructor's Notes

- Police officers should be fully aware of the potential, physical and mental effect of varying amounts of alcohol in the body; have some understanding of the different diseases or conditions which may mimic the usual symptoms of alcohol intoxication; and know how to recognize the danger signs of alcohol intoxication (coma) or the hangover stage.

- The police officer should determine whether or not the person is in such a state as to be capable of hurting himself or others. If the individual does seem potentially dangerous, he must be taken into custody or protected.

- If the drunken person has to be jailed, the officer should ensure that the prisoner is watched at frequent intervals, in case intoxication should increase to possibly dangerous levels. In any kind of comatose condition, where the prisoner cannot be aroused, police should call a doctor or try to get the victim to a hospital. If the coma lasts longer than a few hours, there are probably more complications than just alcohol.

- The police officer should be fully aware of the disease of alcoholism and its possible complications.

Body of Instruction	Instructor's Notes
The police officer must remember that he is not expected to fulfill the function of a psychologist or physician. However, to meet the responsibilities of his office, he should make every attempt to distinguish between those intoxicated or incapacitated by alcohol and those whose problems emanate from another type of illness or injury.	

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

CONSIDERATIONS CONCERNING THE HANDLING OF INTOXICATED OR INCAPACITATED PERSONS

GENERAL

- DISCUSSION OF—
  - THE MORE COMMON SYMPTOMS OF INTOXICATION AND INCAPACITATION BECAUSE OF ALCOHOL BEVERAGE CONSUMPTION.
  - CERTAIN PHYSICAL CONDITIONS OR SYMPTOMS WHICH RESEMBLE THOSE DISPLAYED BY AN INTOXICATED OR INCAPACITATED PERSON.

THE UNIFORM ALCOHOLISM
AND INTOXICATION TREATMENT
ACT: LAW ENFORCEMENT GUIDELINES

CONSIDERATIONS CONCERNING THE HANDLING
OF INTOXICATED OR INCAPACITATED PERSONS

PROCESS OF INTOXICATION

- RAPID ABSORPTION OF ALCOHOL BY THE BODY.
- THE HIGHER THE ALCOHOLIC CONTENT, THE FASTER THE ABSORPTION RATE.
- LIVER, RIGHT HEART, LUNGS, LEFT HEART, THROUGH THE ARTERIES TO ALL ORGANS OF THE BODY.

THE UNIFORM ALCOHOLISM
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ACT: LAW ENFORCEMENT GUIDELINES

CONSIDERATIONS CONCERNING THE HANDLING
OF INTOXICATED OR INCAPACITATED PERSONS

ALCOHOL AND THE BRAIN

- CENTRAL NERVOUS SYSTEM
- INHIBITIONS
- MUSCULAR EFFICIENCY
- SENSE ORGANS
- VITAL CENTERS

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CONSIDERATIONS CONCERNING THE HANDLING
OF INTOXICATED OR INCAPACITATED PERSONS

ALCOHOL AND THE BRAIN

PERCENTAGE OF ALCOHOL/PROBABLE RESULT	PROBABLE CONDITION
0.01%-0.10% ALCOHOL	INTOXICATED
LOSS OF INHIBITIONS	
WEAKENING OF WILL POWER	
FEELING OF WELL-BEING	
GENEROSITY	
ALTERED JUDGMENT	
INCREASED GOOD FELLOWSHIP	
DULLING OF ATTENTION	
0.10%-0.20% ALCOHOL	INTOXICATED
LOSS OF MUSCULAR COORDINATION	
LOSS OF ABILITY TO WRITE	
TREMORS	
SLURRED SPEECH	
LOSS OF SKILL PERFORMANCE	

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CONSIDERATIONS CONCERNING THE HANDLING
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ALCOHOL AND THE BRAIN

PERCENTAGE OF ALCOHOL/PROBABLE RESULT	PROBABLE CONDITION
0.10%-0.30% ALCOHOL	INTOXICATED
DULLED OR DISTORTED SENSIBILITIES	
0.15%-0.35% ALCOHOL	INTOXICATED
LOSS OF BALANCE	
0.20%-0.30% ALCOHOL	INTOXICATED
DOUBLE VISION	
DIFFICULTY IN PERCEIVING-	
FORM	
MOTION	
DISTANCE	
COLOR	

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

CONSIDERATIONS CONCERNING THE HANDLING OF INTOXICATED OR INCAPACITATED PERSONS

ALCOHOL AND THE BRAIN

PERCENTAGE OF ALCOHOL/PROBABLE RESULT	PROBABLE CONDITION
0.25%-0.40% ALCOHOL	INTOXICATED/ INCAPACITATED
APATHY	
INERTIA	
TREMORS	
LOSS OF REFLEX ACTION	
SWEATING	
STUPOR	
COMA	
DILATION OF SURFACE CAPILLARIES	
0.40%-0.50% ALCOHOL	INCAPACITATED
DEPRESSION OF RESPIRATION	
SUBNORMAL TEMPERATURE	
DEATH	

CONSIDERATIONS CONCERNING THE HANDLING OF INTOXICATED OR INCAPACITATED PERSONS

ELIMINATION OF ALCOHOL

- PROCESS OF ELIMINATION IS LOW
- 150 LB. MAN: ABOUT ONE OUNCE OF 100 PROOF ALCOHOL PER HOUR
- OXIDATION/EXCRETION

THE UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT: LAW ENFORCEMENT GUIDELINES

CONSIDERATIONS CONCERNING THE HANDLING OF INTOXICATED OR INCAPACITATED PERSONS

SYMPTOMS OFTEN MISTAKEN FOR DRUNKENNESS

- DIABETES
- HEAD INJURY
- EPILEPSY
- HIGH BLOOD PRESSURE
- UREMIA
- DEGENERATIVE DISEASES AND CONDITIONS
- APOPLEXY OR STROKE
- BRAIN INFECTIONS
- CARBON MONOXIDE INHALATION
- NARCOTIC INTOXICATION

THE UNIFORM ALCOHOLISM
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CONSIDERATIONS CONCERNING THE HANDLING OF INTOXICATED OR INCAPACITATED PERSONS

SYMPTOMS OFTEN MISTAKEN FOR DRUNKENNESS

- ACETONE OR FRUITY ODOR OF THE BREATH
- AMNESIA OR LOSS OF MEMORY
- EYE DISORDERS
- FLUSHED FACE

THE UNIFORM ALCOHOLISM
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ACT: LAW ENFORCEMENT GUIDELINES

CONSIDERATIONS CONCERNING THE HANDLING
OF INTOXICATED OR INCAPACITATED PERSONS

ALCOHOL AND CRIME

- RECOGNITION OF SYMPTOMS OF ALCOHOL INTOXICATION
- DETERMINATION OF SUBJECT'S CONDITION OR STATE
- OBSERVATION OF SUBJECT IF JAILED
- KNOWLEDGE OF ALCOHOLISM AND POSSIBLE COMPLICATIONS